Serotonin-Norepinephreine Receptor Inhibitor (SNRI) Associated Mixed Episode in an Adolescent with Schizoaffective Disorder~ a Case Report

SNRI 相關的混合型躁鬱症症狀在情感性精神分裂症青少年的表現:個案報告

¹Department of Psychiatry, China Medical University Hospital

²Department of Psychiatry, College of Medicine, China Medical University

³Department of Psychiatry, National Cheng-Kung University Hospital

⁴Department of Psychiatry, College of Medicine, National Taiwan University

⁵Child and Adolescent Psychiatry Division, Department of Psychiatry, National

Taiwan University Hospital

Background: To our knowledge, there had only been one report on ultra rapid cycling associated with duloxetine in an adolescent with bipolar disorder. Here we report a mixed episode switch associated with duloxetine in an adolescent with schizoaffective disorder.

Case Report: Miss A, a 17 year-old female adolescent with juvenile rheumatoid arthritis (JRA) and schizoaffective disorder (depressive type) was hospitalized for depressed mood, visual/auditory hallucination, delusion of being occupied and suicide attempt for 4 months. She was treated with selective serotonin receptor inhibitor (fluoxetine) 30mg per day (mg/d) and risperidone 6mg/d for her depressive and psychotic symptoms, and prednisolone 6mg/d for her JRA-associated joint pains. However, she had persistent low mood, insomnia, hopelessness, suicide ideation/plan, impaired attention, and worthlessness despite improvement in her joint pain and psychotic symptoms after two months of treatment, and hence her antidepressant was switched to duloxetine 30-60mg/d. After 2 months of duloxetine treatment, she became irritable and talkative, had increased goal-directed activities, multiple planning, decreased sleep need, and aggression along with subjective low mood, suicide ideation, worthlessness. Duloxetine was discontinued immediately and clonazepam 8mg/d and lamotrigine 100mg/d were added for her mixed episode, which was resolved after 3 weeks.

Discussion:

This is the first report of duloxetine-associated mixed episode in an adolescent with schizoaffective disorder. Although duloxetine was reported as having low incidence of association with treatment-related hypomania or manic symptoms, our report illustrates that careful measures should be taken when duloxetine is prescribed in adolescents with risk for bipolarity.