

THREE CASES OF SERTRALINE-INDUCED AKATHISIA

Dr. Mehmet BEKÂROĞLU*, Dr.Cengiz SOYLU**, Dr.Nafiz ULUUTKU*

ÖZET

Üç Olgu Nedeniyle Sertralinin Yol Açtığı Akatizi

Sertralin alan üç vakada akatizi gözlemlendi.İlacın kesilmesi veya ilave ilaçlar (diazepam, propranolol, biperiden) verilmesi ile akatizi belirtileri kayboldu.

Anahtar Kelimeler: Akathisia, Sertraline.

Klinik Psikofarmakoloji Bülteni, 5:(1-4) (75-77),1995.

SUMMARY

Akathisia was observed in three patients receiving sertraline. The symptoms disappeared when the treatment was discontinued or other drugs (i.e.diazepam,propranolol,biperiden) were added.

Key Words: Akatizi,Sertraline.

Bull.Clin. Psychopharm., 5:(1-4) (75-77),1995

*Psikiyatri Profesörü, **Araştırma Görevlisi ; KTÜ Tıp Fakültesi Psikiyatri Anabilim Dalı

Introduction

Akathisia is a side effect most commonly associated with neuroleptic medication, but Zubenko et al. reported akathisia caused by tricyclic and heterocyclic antidepressant agents (1). More recently, it has been reported that fluoxetine and fluvoxamine, selective serotonin reuptake inhibitors (SSRI's) are also associated with akathisia (2,3). Four cases of

akathisia were reported with the newer (recently developed) SSRI sertraline in 1993 (4,5,6). We would like to report three cases of akathisia which developed soon after the administration of sertraline in 82 cases consecutively.

Patient 1

Mr. R., a 42 year-old man, was diagnosed as having a major depressive episode according to DSM III-R (7) (American Psychiatric Association, Revised 1987). He had been ill for two months. He applied for treatment for the first time. He presented with complaints of depressed mood, loss of energy, diminished ability to think or concentrate, insomnia, guilt ideation and recurrent thoughts of death. There were peptic ulcer disease and migraine headache in this medical history. Initially, 50 mg oral dose of Sertraline was administered daily. The patient began to complain of

severe restlessness, a need to move, inability to stop his legs from shaking, and severe anxiety after 2 days. He thought that this was a probable akathisia case related to sertraline use. The patient received diazepam 5 mg orally twice a day. After 2 days, the patient's anxiety decreased, but other complaints remained. Therefore diazepam was changed to propranolol 20 mg orally twice a day. The other symptoms gradually resolved over a 4 day-period. His depressive symptoms resolved within two months with sertraline at a final dose of 50 mg/day.

Patient 2

Mrs. M, an 37-year-old women outpatient with a history of dysthymia, was had treated for 3 years with several antidepressant drugs such as imipramine, mianserine and moclobemide. She had depressed mood, insomnia, low energy, low self-esteem, and poor concentration. For last three weeks, he had not used any medication. Sertraline was began at 50 mg orally daily. On the third day of treatment, the patient

began to complain of severe anxiety, restlessness, and need to move. The patient was started diazepam 5 mg orally twice a day. After 4 days the patient's complaints increased. Furthermore the patient noted the onset of severe nausea. Sertraline was discontinued. The symptoms gradually resolved within 3-day period.

Patient 3

Mrs. F, a 48-year-old woman previously diagnosed with dysthymia. She had been hospitalized two times and treated with several antidepressant drugs such as amitriptyline, mianserine, and moclobemide. She presented with complaints of depressed mood, decreased sleep and appetite, anhedonia and anxiety. Medical history indicated chronic gastritis. She was hospitalized for treatment of a major depression again. She was started on sertraline 50 mg/day. On day 3 of

sertraline treatment, she complained of severe restlessness, a need to move, and severe anxiety. She also described an inability to lie flat in bed and hypnagogic hallucinations. There were no other parkinsonian symptoms. The patient received biperidene 2 mg orally twice a day. But the patient's complaints increased. Sertraline were discontinued. The symptoms of akathisia resolved within 3 days.

Discussion

Sertraline is a new antidepressant drug which is a serotonin reuptake inhibitor such as fluoxetine and fluvoxamine, but with no chemical similarity to the latter drugs. It has a shorter half-life and more selective for serotonergic receptors. To our knowledge, four cases of akathisia have been reported with the newer SSRI sertraline (5,6).

It is theorized that enhanced serotonergic neurotransmission has the net effect of inhibiting

dopaminergic neurons, most likely in the ventral tegmental area (2,8).

We observed 3 cases of akathisia that developed after the administration of sertraline in 82 cases consecutively (3.66%). Although this isn't an organized study for Sertraline's side effects, we think these cases may give an idea.

References

1. Zubenko G, Cohen B, Lipinski J. Antidepressant-related akathisia. *J Clin Psychopharmacol*, 1987; 7:254-257
2. Lipinski J, Mallya G, Zimmerman P, Pope HG Jr. Fluoxetine-induced Akathisia: Clinical and theoretical implications. *J Clin Psychiatry* 1989; 50:339-342
3. Wirshing WC, Van Putten T, Rosenberg J, et al. Fluoxetine, akathisia and suicidality: is there a connection? *Arch Gen Psychiatry*. 1992; 49: 580-1
4. La Porta LD. Sertraline - Induced Akathisia. *J Clin Psychopharmacol* 1993; Vol 13/No.3: 219-220
5. Klee B, Kronig MH. Case Report of Probable Sertraline-Induced Akathisia. *Am J Psychiatry*. 1993; 150, 6: 986-987
6. Settle EC Jr. Akathisia and Sertraline. *J Clin Psychiatry*. 1993; 54(8):321.
7. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. Third Edition, Revised. (DSM III-R) The Press Syndicate of the University of Cambridge, 1987.
8. Brown KW, Glen SE, White T. Pathophysiology of Akathisia. *The Lancet* Nov. 7, 1987; 2(8567): 1091.