

The Emergence of Agitation and Suicide Ideation Secondary to the use of Fluoxetine Therapy: A Case Report

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ABSTRACT. Fluoxetine is a commonly used drug for the treatment of major depression. Its use can be associated with undesirable side effects of suicidal ideation, akathisia, and/or agitation. If these side effects are not appreciated and recognized, then they can lead to errors in ongoing diagnoses or management including non-compliance. This case represents another addition to the incidence of occurrence of agitation with fluoxetine with a clear temporal relation and disappearance after discontinuation.

Keywords: Fluoxetine, Specific serotonin reuptake inhibitors

Introduction

Major depression is prevalent in society and constitutes a major health concern worldwide. It is estimated to afflict about 5% of the population. The treatment of depressive disorders has been revolutionized by the discovery of specific serotonin reuptake inhibitors (SSRIs). Unlike the older tricyclic antidepressants which can actually be fatal with excessive dosage, this is not a disadvantage with the SSRIs. Rather, the main disadvantages of the SSRIs are some potential, acceptable, unwanted side effects and the high pricing.

Fluoxetine was the first SSRI introduced for the treatment of depression and very quickly became the leading antidepressant on the market. However, shortly after its introduction significant concerns began to be raised regarding the association between its use and the emergence of side effects, the most prominent of which were suicidal idea-

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tion, akathisia, and agitation. This association has become evident, though controversial, through multiple case reports in the literature^[1,2]. As would be expected psychiatric practices where the utilization of fluoxetine is high, have been most aware of these side effects.

Discussions with a number of psychiatrists have confirmed this problem of side effects from the use of fluoxetine, especially in agitated patients (personal communication). Some authors have even tried to associate the emergence of suicidal ideation, under these circumstances, with akathisia^[3]. In contrast to the foregoing, some recent publications, primarily reviewing the past literature, have attempted to refute this association^[1-10]. Some prospective studies looked at the sedation-activation side effect of fluoxetine and considered that there was no significant increase the activation profile^[5]. Most of the reviewed papers addressed the association with suicidal ideation. Very few looked at agitation, per se.

The paper relates a case description that shows significant temporal association between the onset of fluoxetine antidepressant therapy and the emergence of agitation and excessive suicidal ideation and, perhaps most importantly, the disappearance of the symptomatology with the withdrawal of the medication.

Case Report

A 28 year-old unmarried woman attended the psychiatric clinic with the complaints of insomnia and nightmares. She exhibited intrusive negative thoughts, social avoidance, generalized anxiety, feelings of internal rage, nervousness, pervasive depressive feelings, agitation and excessive suicidal ideation.

The anxiety and depressed feelings had been present for a number of years. They were exacerbated 2-3 months prior to her visit and have been progressive since that time. A psychiatrist had seen her four weeks previously and, at that time, she was reported as being calm and the family had not noticed any abnormal symptoms. She had been able to hide from the family most of the symptoms. However, the important point was the irrespective of whether they might have ignored some minor symptomatology, nevertheless she was well enough that the family did not even feel that she was symptomatic!

The former account of the family stood in marked contrast to what the family noticed after she had been placed on Fluoxetine 20 mg daily. A few days afterwards, she started to feel anxious and this progressively increased. The patient, as well as the family, became increasingly concerned about the anxiety. When she was presented to our clinic she was experiencing excessive feelings of rage. She became increasingly agitated, as she felt unable to control the feelings of rage. She became frightened of progressively increasing thoughts of suicidal ideation. and even of violence. She felt that she was losing her mind, but yet no abnormal perceptions or formal thought disorder were detected. The main complaint consisted of the racing thoughts, agitation and the internal

rage. She denied completely any of those feelings prior to seeing the psychiatrist who had initiated her management with Fluoxetine. Following the onset of her agitated symptomatology, her psychiatrist had prescribed Melleril that failed to provide her with any relief.

When she was seen in our clinic, her Fluoxetine was discontinued, she was reassured (that the symptoms would subside), and she was started on olanzapine 2.5 mg b.i.d., along with clonazepam, 1 mg q.h.s.. One week later, the patient had complete resolution of the acute symptomatology. Olanzapine was continued at a smaller dosage, given the long half-life of fluoxetine. Once the acute agitation subsided, she provided more lucidly her initial symptomatology. She denied any significant prior history of psychiatric or medical disorders and denied any substance abuse or use of other medications.

Discussion

This case vividly highlights the current discussion, regarding the relationship between fluoxetine and its side effects of suicidal ideation and agitation. While there may be some controversy regarding this issue, yet this case clearly demonstrates a temporal relationship, with respect to the production of the side effects with institution of the drug, and the abolition of them with its withdrawal, that there surely can be no doubt as to cause and effect. The predominant symptom in this case was agitation with the suicidal ideation being of rather lesser importance. This is somewhat different than most of the literature on the subject which indicates that the suicidal ideation, per se, is usually more prominent.

It is this type of case report and the existing controversy that points to the need for a prospective study of some type in order to clarify whether there is or is not a significant relationship between Fluoxetine and the recorded side effects.

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حدوث التهيج والتفكير في الانتحار نتيجة العلاج بدواء فلوكستين

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المستخلص . دواء الفلوكستين (FLUOXETINE) من الأدوية التي تستخدم بكثرة لعلاج الاكتئاب. استخدام هذا الدواء من الممكن أن يؤدي إلى ظهور أعراض جانبية مثل: الأفكار الانتحارية ، القلق المصحوب بزيادة الحركة ، والتوتر الشديد ، إذا لم يتم الانتباه لهذه الآثار فمن الممكن أن تؤدي إلى خطأ في التشخيص أو العلاج أو إلى ترك الدواء ، هذه الحالة تعتبر إضافة إلى حالات ظهور أعراض التوتر الشديد مع الفلوكستين (FLUOXETINE) حيث كانت هناك علاقة واضحة بين ظهور الأعراض وبداية العلاج مع اختفاء الأعراض بعد إيقاف الدواء.