Olanzapine Induced Mania: A Case Report

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ABSTRACT

A 35 yrs. old male, a known case of Paranoid Schizophrenia for last 20 yrs., not respond to conventional anti-psychotics and was prescribed Olanzapine upto to 30mg/day. Patient developed manic symptoms during olanzapine therapy. He also showed a strong desire or sense of compulsion to take the substance and progressive neglect of alternative pleasurable activities and fulfilled the criteria for dependence syndrome as per ICD-10 (WHO, 1992). This is a rare case of olanzapine induced mania along with abuse of olanzapine. This is suggested that during treatment with Olanzapine, the clinicians should be vigilant for mood changes and risk of olanzapine abuse.

Key Words: Olanzapine, Mania, Abuse

CASE

Mr. A.K., 35 years old, married, unemployed male has been a known case of paranoid schizophrenia for last 20 yrs. There was no past history of manic or depressive episodes. Patient received irregular treatment with conventional antipsychotics but never recovered completely.

In April 2001, he was prescribed olanzapine on the request of family members. After about 2 weeks, patient's father reported that patient had started taking excessive doses of olanzapine. Patient demonstrated excessive craving for olanzapine, he felt good, overconfident and cheerful. Gradually patient started stealing money from home to buy and spent a great deal of time in obtaining olanzapine on forged prescriptions. His dose of olanzapine increased from 15mg to 40mg/day. When his family members tried to stop him, he became argumentative and aggressive. He also started spending his pocket money on buying Olanzapine and started remaining preoccupied with the drug. He also started visiting his psychiatrist frequently for hike in olanzapine dose. In May 2001, his mother reported that patient's condition had worsened. He was still overconfident, cheerful, abusive, aggressive with socially disinhibited behaviour. He also showed marked restlessness and increased appetite. His parents requested inpatient treatment for his detoxification from olanzapine. Patient was admitted in the ward for detail evaluation and treatment. In the ward, he showed hypomanic symptoms and also demonstrated the strong desire to take the substance and progressive neglect of alternative pleasurable activities and interest. Olanzapine was stopped and patient was restarted on clozapine 300mg/day. In December, 2001, he stopped coming for follow-up. Home visit was paid by the social worker. It was discovered that he had discontinued clozapine for a few weeks and started abusing olanzapine. Patient again developed mania like symptoms. These symptoms were observed by the family members only when he took excessive doses of olanzapine.

DISCUSSION

Olanzapine is an atypical antipsychotic recently marketed in India for the treatment of psychotic disorders. Lane et al. (1998) have proposed that the mood effects may be a function of the ratio of 5-HT2a receptor occupancy to D2 receptor occupancy. The emergence of manic symptomatology during treatment with olanzapine raises the question of the effect of other atypical antipsychotics on mood. In fact, 16 such cases have been reported with risperidone and 10 with olanzapine (Aubry et al. (2000). However, no such case has been reported with Clozapine. In our patient, on two occasions manic symptomatology was observed with olanzapine. Similar findings have been reported by Lindenmayer & Klebanov (1998) and John et al (1998). Majority of patients described in these case reports had past or family history of mood disorder. Our patient also showed strong craving and compulsion to use olanzapine. However, it is difficult to interpret whether abuse of olanzapine is a part of gradually developing dependence process or for seeking manic dysregulation. It is suggested that after initiating therapy with olanzapine, clinicians should closely monitor patients for mood changes as well as risk of abuse.

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