TREATMENT OF POSTPSYCHOTIC DEPRESSION WITH SERTRALINE IN PATIENTS WITH SCHIZOPHRENIA - OWN EXPERIENCE

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SZKIZOFRÉNIÁBAN JELENTKEZŐ POSZTPSZICHOTIKUS DEPRESSZIÓ KEZELÉSE

A szkizofrénia mint gyakori pszichiátriai megbetegedés, a népesség mintegy 1%-át érinti. Pozitív és negatív tünetei mellett depresszió és mánia, tehát affektív tünetek is jelentkezhetnek. Affektív tünetek tehát szkizofrénia esetén is előfordulhatnak, akár mint posztpszichotikus depresszió. Az esettanulmányban 25 éves szkizofrén beteg posztpszichotikus depresszióját rendezték sertralinnal.

KULCSSZAVAK: posztpszichotikus depresszió – sertralin – perfenazin – lithiumcarbonát – lorazepam

SUMMARY

Some authors treated two groups of patients with postpsychotic depression in a group of patients with schizophrenia. Sertraline proved better than imipramine in view of earlier onset of action and lower incidence, intensity and duration of adverse effects and lower risk of schizophrenic symtom recurrence.

KEYWORDS: postpsychotic depression – sertraline – perphenazine – lithium carbonate – lorazepamum

Schizophrenia, one of the most common mental diseases occurs in about 1% of the general population. Apart from core positive and negative manifestations, schizophrenia may be accompanied by an affective component in form of depression or mania. This can be a common depressive or manic syndrome occurring completely additionally and independently of the schizophrenic process. On the other hand, if this depressive or manic syndrome of endogenous type is a component of schizophrenia, in such case we speak about the so called cyclic schizophrenia called also schizoaffective psychosis. The safest management of schizophrenic depression is administration of antidepressant neuroleptics. Administration of tricyclic antidepressants here is fraught with very high risk of triggering by these drugs of productive symptoms of schizophrenia, that is delusions and hallucinations. Schizophrenic depressions may be very dangerous since not infrequently such patients dissimulate suicidal ideation and tendencies. It can also happen that even if they have no suicidal ideation, such thoughts may occur in a way, more difficult to be anticipated by the doctor than in endogenous depression. Completely analogous situation is observed in the case of homicidal ideation in schizophrenic depressions.

Case report

Female patient J.B. aged 25 years was previously twice psychiatrically hospitalized due to schizophrenic depression. The hospitalizations took place in the 19th and 22nd year of patient's life. Before the first hospitalization the patient had no problems with mental health and received no psychiatric treatment. The patient was born after normal pregnancy and labour. Her childhood was very good. The atmosphere at home has been full of warmth and love. She is the only child in

the family. The parents are quiet, hard working, considerate and affective. In primary school and secondary school the patient achieved very good results. After very well passed examination for the secondary school certificate which, however, was a great stress for the patient, sudden symptoms of acute schizophrenic depression were the cause of her first, and three years later, second psychiatric hospitalization. Between the hospitalizations complete remission occurred. Due to the disease, the patient failed to start university studies and she has been working in a protected labour institution. She has been receiving intensive psychiatric treatment. The patient came to the author during her third recurrence of schizophrenic depression at the age of 25 years. Detailed psychiatric examination excluded schizophrenic psychosis. It demonstated on the other hand depression syndrome in the course of schizophrenic process. The schizophrenic process was manifested with core and negative symptoms of schizophrenia. No positive nor productive symptoms of schizophrenia were detected. The diagnosis was confirmed by DSM-IV scale examination criteria and testing of the patient by the Simpson-Angus and SANS scale [22]. Depression intensity was assessed by means of Hamilton Depression Scale and CGI scale.

In the treatment of the patient, the author instituted individual psychotherapy, sertraline in 50 mg oral daily dose and perphenazine orally in 64 mg daily dose. Since this was a drug-refractory depression, the author added lithium carbonate to the treatment in three divided oral doses, 1 g daily in all, orally. Lithium serum level was 0.6 mEq/l in control examinations. Complete remission was achieved of the depression and schizophrenic process. Sertraline caused short lasting adverse effects in the form of very slight extrapyramidal and catatonic symptoms. The author controlled them rapidly by short lasting administration of lorazepam orally in divided doses, 6 mg daily in all.

In the patient's family, her paternal grandfather received psychiatric treatment for schizophrenia. The patient had no major somatic diseases. She denied any head trauma and loss of consciousness.

Laboratory tests:
- basic laboratory blood and urine analyses gave normal results,
- ECG record was normal,
- EEG record was normal,
- thyroid hormone levels were normal,
- USG examination of the thyroid gave normal result,
- liver function tests were normal,
- neurological examination: right-sided spastic hemiparesis of medium intensity,
- chest radiogram was normal.

Discussion

Other authors (Kirli, Caliskan, 1998) treated a group of patients with postpsychotic depression in a group of patients with schizophrenia. They were establishing the diagnosis on the basis of DSM-IV examination criteria. The diagnosis was confirmed by Simpson-Angus Scale and SANS tests. Before starting of the treatment (Kirli, Caliskan, 1998) the authors administered placebo for 10 days. Depression intensity was assessed by the authors using Hamilton Depression Scale and CGI Scale. These authors administered sertraline in 50 mg daily dose. The treatment duration was five weeks. The second group of patients (Kirli, Caliskan, 1998) with schizophrenic depression was administered imipramine in 150 mg daily dose. The authors found that both drugs were effective but sertraline proved better than imipramine in view of earlier onset of action and lower incidence, intensity and duration of adverse effects and lower risk of schizophrenic symptom recurrence.

REFERENCE

Kirli S, Caliskan M (1998) A comparative study of sertraline versus imipramine in postpsychotic depressive disorder of schizophrenia. Schizophrenia Res. 33 (1-2)

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