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Positive response of a case of bipolar depressive disorder with mood-congruent psychotic symptoms to alternative treatment with either lithium or carbamazepine

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ABSTRACT - We present a case of bipolar depressive disorder with psychotic symptoms mood-congruent with previous positive response to lithium treatment, that has a positive response to carbamazepine too.

Introduction

Since the initial reports on the use of carbamazepine on the treatment of affective disorders (Takezaki and Hanoka 1971, Okuma et al 1973), many studies have corroborated the therapeutic and preventive value of this drug in bipolar affective disorders (Watkins et al 1987, Kishimoto et al 1983).

Patients not responding to lithium may show a positive response to carbamazepine, and viceversa (Ballenger and Post 1980). This might suggest the existence of at least two groups of manic-depressive disorders: those responding to lithium and those responding to carbamazepine. On the other

hand, some patients responding neither to lithium nor to carbamazepine might show a positive response when both drugs are combined (Inouse et al 1981, Nolen 1983).

We are reporting the case of a patient who responded initially to lithium therapy who, after discontinuation of lithium due to side effects, showed an equally positive response to carbamazepine.

Case history

M.E. is a 45 year old married woman, who has suffered manic and depressive episodes since the age of 28, with an average frequency of 3-4 per

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year. Most of her previous depressive episodes have been treated with E.C.T., and the manic episodes with neuroleptics. Lithium maintenance therapy was started five years ago after her last manic episode. She was euthimic for over four years with lithium therapy. However, one year ago lithium was discontinued because of severe progressing alpecia which was attributed to the treatment. Shortly thereafter she presented a severe depressive episode, with suicidal risk requiring hospitalization. On admission she revealed severe delusions of guilt, ruin and punishment. She had severe psychomotor retardation and a severely depressed mood. Her cognitive functions were grossly unimpaired, and there were no disorders of perception. She was treated with oral amitriptyline 225 mgr./day, and on the 5th. week of treatment presented a sudden mood reversal, which forced discontinuation of antidepressants and treatment with haloperidol 10 mgr. p.o. t.i.d. was commenced. The patient refused treatment with lithium because of the previously commented side effects, and carbamazepine was progressively given, until a dosage of 400 mgr. p.o. t.i.d. was reached. Ten days after the start, the manic episode had completely abated, the patient was slightly depressed, and haloperidol was slowly discontinued. Forty-seven days after the admission she was discharged on carbamazepine 400 mgr. t.i.d., and amitriptyline, 75 mgr. q.h.s. Carbamazepine plasma levels were in the range of 12 mcgr./ml.

Three months after discharge the

patient was asymptomatic and her treatment was modified to carbamazepine 600 mgr./day and levomepromazine 25 mgr. q.h.s. Nine months later she was on the same maintenance treatment and totally asymptomatic.

Comments

Although the follow-up of this case is rather short (one year) the previous history of rapid cycling and the precipitation of affective psychopathology shortly after the discontinuation of lithium maintenance therapy, seem to indicate a clear prophylactic action of carbamazepine in this patient.

The good prophylactic response of this patient to both lithium and carbamazepine suggests that both drugs may have some common action mechanisms on the prevention of affective episodes. Most reports up to date point to the alternative usefulness of carbamazepine when lithium fails to achieve good preventive, results. Given the greater safety of this last drug, we would urge clinical studies aimed to assess the percentage of patients with bipolar affective disorder showing similar response.

References

BALLENGER J., POST R. Carbamazepine in manic-depressive illness: a new treatment. *Am. J. Psychiat.* 137. 782-790, (1980).

INOUE K., ARIMA S., TANAKA K., FUKUI y KATO N. A lithium and carbamazepine combination in the treatment of bipolar disorder. A preliminary report. *Fol. Psychiat. Neurol. Jap.* 35, 465474. (1981).

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KISHIMOTO A., OGURA C., HAZANA H., INOUE K. Long-term prophylactic effects of carbamazepine in affective disorder. *Brit. J. Psychiat.* 143, 327-331, (1983).

NOLEN W. Carbamazepine, a possible adjunct or alternative to lithium in bipolar disorders. *Acta Psiquiat. Scand.* 67, 218-225, (1983).

OKUNA T., KISHIMOTO A., INOUE K. et al. Anti-manic and prophylactic effects of carbamazepine on manic-depressive psychosis. *Fol. Psychiat. Neurol. Jap.* 27, 283-297, (1973).

TAKEZAKI H., HANAOKA M. The use of carbamazepine in the control of manic-depressive psychosis and other manic depressive states. *Clin. Psychiat.* 13, 173-183, (1971).

WATJINSS. CALLENDER K. THOMAS D TIDMARSH S. SHAW D. The effect of carbamazepine and lithium on remission from affective illness. *Brit. J. psychiar.* 150. 180-182. (1987).

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