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LETTER TO THE EDITOR

Sibutramine-induced mania episode in a bipolar patient

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Case report

M.M. is a 20-yr-old male with a history of bipolar disorder, but euthymic (with stabilized mood) for the last 2 months and taking 1500 mg/d of sodic divalproate and 2 mg/d of risperidone. In order to reduce his overweight he was introduced to 10 mg/d of sibutramine. Following 2 wk of treatment with the new drug, he began to present a hypomanic/manic episode (increased activity and libido, high self-esteem, very irritable when contradicted, dangerous driving, decreased total sleep and poor judgement). With sibutramine withdrawal and the increased dosage of sodic divalproate and the introduction of lorazepam, the patient had a remission of this episode in approx. 3 wk. Due to the temporary relation between the sibutramine introduction, and the bipolar symptoms and its remission after withdrawal of the drug, we hypothesized that sibutramine may induce bipolar episodes in our bipolar patient.

Previous personal history

M.M. is an adopted child since the age of 1 yr (the biological parents are not known). He has no history of any other medical disorder. He does not smoke or drink alcohol and has never experienced any illicit drugs. His first manic episode was associated with the introduction of paroxetine for depressive and obsessive–compulsive symptoms when he was 17 yr old. Before the first mood episode, he had a reasonable relationship with his adoptive parents and he performed well at school (he had both good marks and good interpersonal relationships with his colleagues). Since then, he has presented four manic and two depressive episodes, preventing him from maintaining the same level of sociability, whether at home or at school. His longest period without any mood disturbance was 6 months.

The best drug response was obtained with sodic divalproate. He has also used lithium carbonate, carbamazepine and lamotrigine in the past, but without any, or only partial, effect. Despite periods of complaints concerning weight gain or sedation (in the past he had also taken olanzapine, haloperidol, clonazepan and levomepromazine), he is in compliance with the medical treatment.

Discussion

Sibutramine is a 5-hydroxytryptamine (5-HT) and noradrenaline reuptake inhibitor and has been used in the treatment of obesity since 1997 (Lean, 1997; Luque and Rey, 1999). This compound produces dose-related weight loss when given in the range of 5–30 mg/d, with optimal doses between 10 and 15 mg (Lean, 1997). The weight loss is related to appetite reduction, and consequently to a decreased food intake (Jackson et al., 1997; Lean, 1997; Luque and Rey, 1999), and an increased energy expenditure (Walsh et al., 1999). The most frequently reported adverse events related to its pharmacological actions include dry mouth, constipation, insomnia, and headache (Lean, 1997; Luque and Rey, 1999). Sibutramine has also been shown to increase blood pressure and heart rate in some patients due to its anticholinergic activity (Luque and Rey, 1999). Serotonin syndrome was also described when sibutramine was combined with Demerol or fentanyl (Giese and Neborsky, 2001).

There is only one report in the literature associating a psychotic episode and sibutramine (Taflinski and Chojnacka, 2000), an adverse event commonly observed with other anti-obesity agents (Khan et al., 1987). We reported above on a new apparent effect of sibutramine inducing a mania episode without psychotic symptoms in a stabilized bipolar patient. It could be hypothesized that sibutramine may act in a similar way to other serotonin reuptake inhibitors in inducing mania in predisposed individuals. Interestingly, the first manic episode in our described patient was associated with the introduction of paroxetine, a selective serotonin reuptake inhibitor, when he was 17 yr old. The introduction of the sibutramine and the onset of the hypomanic/manic episode could however, still be independent events. Only future clinical observations will be able to confirm our hypothesis/description. We therefore suggest greater caution when prescribing sibutramine to stabilized bipolar patients.

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