BRIEF REPORT

Baclofen induced psychosis in a patient with bipolar disorder

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Many drugs can cause psychiatric symptoms. Psychiatric symptoms may ensue after treatment, following underlying illness, or unrecognized mental disorder. Dosage escalation, drug overdoses or even withdrawal of some drugs may also cause symptoms such as anxiety, psychosis, delirium, agitation or depression. In this article we briefly report a baclofen-induced psychological problem. This case demonstrates the importance of monitoring neuropsychiatric adverse drug reactions after starting baclofen use in patients with a current or past history of mental disorder. In rare cases, baclofen induced mania is reported (1,2). In another series baclofen withdrawal led to manic manifestation (3). Mania may occur during treatment, particularly in patients susceptible to bipolar spectrum. Drugs such as levodopa, corticosteroids and anabolic-androgenic steroids may exacerbate mania. Tricyclic antidepressants and monoamine oxidase inhibitors can induce mania in patients with pre-existing bipolar disorders. Management involves discontinuation or dose reduction of the culprit drug when possible, otherwise antipsychotic drugs or lithium may be needed (4, 5).

A 47 year old man presented with psychiatric symptoms and mood disorder following ingestion of eight pills of baclofen. He was admitted with insomnia, delirium, visual and auditory hallucination, persecutory delusion, spontaneous tearing, and a strong suicidal ideation. Also opposite sided symptoms like anxiety, verbal and physical aggression and uncontrollable burst of hypermotility was observed. This was his fourth admission due to psychiatric problems. Later, he showed apathy, hesitation in speaking and is reluctant to being questioned. He has been absolutely symptom-free between these episodes. Previous episode was two years ago.

The patient is a known case of bipolar disorder, this time considered as mania phase. He was also a heavy smoker for 600 pack/year along with 20 years history of opium dependency and four year history of oral drug intake. He was also on medical drugs at the moment with poor medical adherence. His past medical psychiatric therapy includes trihexyphenidyl 2mg daily, lorazepam 1mHs, sodium valporate 400mg daily, risperidone 2mg every night. Within the last two months, his therapy has been irregular, and since the last 20 days, he only took lorazepam and trihexyphenidyl. He has no history of any other organic problem except for hypercholesterolemia. His medication at the time of admission was halopridol 10mg IM, biperidene 5mg IM, oral methadone 14cc daily, chlordiazepoxide 10mg three times daily, sodium valporate 200mg twice daily. His imaging including brain computerized tomography, EEG, and all his laboratory tests was normal. Due to disease flare up, seven sessions of Electroconvulsive Therapy (ECT) performed. Psychotic and mood symptoms recovered completely after ECT therapy. Considering patient’s history and medical assessment, a drug-induced mood disorder after using baclofen is proposed. It seems that psychosis and mood disorder secondary to drug effects are and more severe and potentially refractory to treatment.

REFERENCES

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