

Case report

Ενδιαφέρουσα περίπτωση

Quetiapine monotherapy in bipolar disorder: Two years maintenance treatment in an elderly woman

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Quetiapine has been used in bipolar mania and most recently in bipolar depression with good results. However its use in maintenance treatment has not been established yet. A case of an elderly woman suffering from bipolar disorder and diabetes mellitus (type II) is presented. The use of quetiapine as a monotherapy (300 mg/day) was efficient and safe and proved to be a good treatment in mood stabilization for two years.

Key words: Bipolar disorder, elderly, quetiapine, stabilization.

Introduction

Long term stabilization in bipolar disorder is a therapeutic goal which has not yet been achieved. Lithium and anticonvulsants often appear with serious side effects, especially for elderly patients. Atypical antipsychotics are useful in acute mania, but they could prove to be beneficial in maintenance treatment as well.

Quetiapine is an atypical antipsychotic which has been used in acute mania with good results.^{1–4} It has also proved to be effective as a monotherapy in bipolar depression.^{5,6} In long term treatment of bipolar disorder, quetiapine has been used as an adjunctive

therapy to lithium or anticonvulsants.^{7–11} The use of quetiapine as a monotherapy in bipolar disorder is limited to some case reports and one open-label study.^{3,12–14}

A case of an elderly woman with bipolar disorder and diabetes mellitus in which quetiapine proved to be efficient as monotherapy for two years maintenance treatment is reported.

Case report

Mrs Y, a 77 years old woman, widow, mother of three children, housewife, suffering from bipolar disorder. She is also under treatment for blood hyper-

tension and diabetes mellitus (type II). She had three major depressive episodes (MDE); at the age of 40, 58 and 69 years. The first two episodes had remitted fully under amitriptyline (150 mg/day). For the third MDE, she needed hospitalization. She had not remitted fully after six months under nortriptyline (75 mg/day) and paroxetine (40 mg/day). Lithium was tried as an adjunctive treatment, but it was stopped due to side effects: hypothyroidism and somnolence. At the age of 72, she had the fourth MDE, for which she was again hospitalized. Six months after discharge her remission was poor and she was examined in our Outpatients'. On assessment she was receiving sertraline (200 mg/day), mirtazapine (45 mg/day) and risperidone (2 mg/day). She remained rather depressive for the next two years: psychomotor slowness, somatic complaints, fatigue, dysphoric mood, preoccupation with health, overvalued ideas for constipation and bowel disease. She reported amelioration during summer and deterioration during winter. She was fully remitted on July 2005 (age 74), receiving amitriptyline 100 mg, sertraline 200 mg and quetiapine 25 mg. She was normothymic for the next 2 months when she expressed a manic episode. All antidepressants were stopped, quetiapine was raised to 600 mg and haloperidol 5 mg was added. Two months later she was normothymic and she was receiving 100 mg of quetiapine from her own for the next 3 months. She was in good mental state and mood until the next summer (2006) when she had her second manic episode. Quetiapine was raised to 500 mg and lorazepam 2 mg was added. In two months' time she was normothymic again and quetiapine was gradually lowered to 300 mg, a dose stable for the next two years until October 2008 (age 77). The patient had stable mood for these two years and did not appear any problems with her somatic health: no QTc prolongation, no need to adjust hypertension or diabetes treatment (GHbA1=6.3 g/dL). Though she had not insight of the manic phase, she kept on receiving 300 mg of quetiapine, since she had no adverse events and felt that her medication "protected her from depression".

Discussion

In this case report quetiapine was used as monotherapy for maintenance treatment in an elderly pa-

tient with bipolar disorder and diabetes mellitus. The age of the patient and the previous failure with lithium were the main reasons for choosing quetiapine in the beginning, since it is generally well tolerated. In the beginning of treatment, when the patient was still manic after initiating quetiapine, it was preferred not to raise the dose to 800 or 1,000 mg/day, in order to avoid orthostatic hypotension and severe somnolence and thus low doses of haloperidol were chosen, for two months. Haloperidol was helpful when quick suppression was necessary but was not preferable by the patient. On the other hand, quetiapine showed its antimanic effects in a mild but continuous way and finally proved to be very effective in stabilizing the patient's mood for two years. It is also worth noting that the patient's health problems were not affected; stable blood pressure, no weight gain, blood glucose regulation.

Quetiapine's use in bipolar disorder started from the management of mania; sedation and lack of extrapyramidal side effects proved to be advantageous.¹⁵ In acute mania it has been effective in combination to mood stabilizers^{3,7} or alone,¹ especially in the elderly.¹⁶ On the other hand quetiapine's good results in bipolar depression seem to be confirmed in large double-blind studies.^{5,6} The fact that quetiapine appears to be efficacious and safe both in mania and bipolar depression, increases the possibility to be beneficial as a mood stabilizer in long term treatment of bipolar disorder.⁹ Quetiapine has been tried in maintenance treatment of bipolar disorder, mainly as an adjunctive agent to resistant cases.^{3,8,10,13} Altamura et al have conducted a 12-month open-label study with quetiapine monotherapy in the maintenance treatment of bipolar disorder using 150–300 mg/day, similar doses with our case.¹² In a previous case of ours 400 mg/day were efficacious in a younger patient.¹⁴

In our patient the use of quetiapine helped managing bipolar disorder in an elderly woman without affecting her somatic problems. Mood stabilizing properties, along with good toleration and compliance made quetiapine efficacious as a monotherapy in our case. Mood stabilizing properties of quetiapine deserve further investigation with long term double-blind studies.

Η χρήση της κουετιαπίνης στη διπολική διαταραχή: Δύο χρόνια μονοθεραπεία σε μια ηλικιωμένη γυναίκα

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Η κουετιαπίνη έχει χρησιμοποιηθεί στη διπολική διαταραχή με καλά αποτελέσματα. Αρχικά στη θεραπεία του μανιακού επεισοδίου και προσφάτως στη θεραπεία του καταθλιπτικού επεισοδίου. Οι σταθεροποιητικές της ιδιότητες δεν έχουν ξετασθεί επαρκώς. Παρουσιάζεται η περίπτωση μιας γυναίκας 77 ετών, που πάσχει από διπολική διαταραχή τύπου Ι. Η ασθενής λαμβάνει επίσης, φαρμακευτική θεραπεία για αρτηριακή υπέρταση και σακχαρώδη διαβήτη τύπου ΙΙ. Από την ηλικία των 40 εμφάνισε 4 καταθλιπτικά επεισόδια, για τα οποία είχε λάβει διάφορα αντικαταθλιπτικά σκευάσματα σε επαρκή δοσολογία. Για τα δύο τελευταία, μάλιστα, χρειάστηκε να νοσηλευτεί. Και τις δύο φορές, ακόμα και μετά την εξοδό της, παρουσίασε επίμονα συμπτώματα και καθυστερημένη ύφεση. Μέσα σε δύο χρόνια μετά το τελευταίο καταθλιπτικό επεισόδιο εμφάνισε δύο μανιακά επεισόδια. Και τα δύο υφέθηκαν σύντομα με τη χρήση κουετιαπίνης και μικρών δόσεων συμπληρωματικής θεραπείας (αλοπεριδόλης στο πρώτο και λοραζεπάμης στο δεύτερο). Η μονοθεραπεία με ημερήσια δόση 300 mg κουετιαπίνης μετά το τελευταίο μανιακό επεισόδιο ήταν αρκετή να κρατήσει την ασθενή ελεύθερη συμπτωμάτων σε νορμοθυμία για τα επόμενα 2 χρόνια. Ιδιαίτερες ανεπιθύμητες ενέργειες δεν εμφανίστηκαν καθόλη την πορεία της θεραπείας.

Λέξεις ευρετηρίου: Διπολική διαταραχή, ηλικιωμένη ασθενής, κουετιαπίνη, σταθεροποίηση.

References

1. Bowden CL, Grunze H, Mullen J, Brecher M, Paulsson B, Jones M et al. A randomized, double-blind, placebo-controlled efficacy and safety study of quetiapine or lithium as monotherapy for mania in bipolar disorder. *J Clin Psychiatry* 2005, 66:111–121
2. Dando TM, Keating GM. Quetiapine: a review of its use in acute mania and depression associated with bipolar disorder. *Drugs* 2005, 65:2533–2551
3. Dunayevich E, Strakowski SM. Quetiapine for treatment-resistant mania. *Am J Psychiatry* 2000, 157:1341
4. Vieta E, Mullen J, Brecher M, Paulsson B, Jones M. Quetiapine monotherapy for mania associated with bipolar disorder: combined analysis of two international, double-blind, randomised, placebo-controlled studies. *Curr Med Res Opin* 2005, 21:923–934
5. Calabrese JR, Keck PE Jr, Macfadden W, Minkwitz M, Ketter TA, Weisler RH et al. A randomized, double-blind, placebo-controlled trial of quetiapine in the treatment of bipolar I or II depression. *Am J Psychiatry* 2005, 162:1351–1360
6. Endicott J, Rajagopalan K, Minkwitz M, Macfadden W. A randomized, double-blind, placebo-controlled study of quetiapine in the treatment of bipolar I and II depression: improvements in quality of life. *Int Clin Psychopharmacol* 2007, 22:29–37
7. Pae CU, Kim TS, Kim JJ, Lee SJ, Lee CU, Lee C et al. Long-term treatment of adjunctive quetiapine for bipolar mania. *Prog Neuropsychopharmacol Biol Psychiatry* 2005, 29:763–766
8. Sajatovic M, Brescan DW, Perez DE, DiGiovanni SK, Hattab H, Ray JB et al. Quetiapine alone and added to a mood stabilizer for serious mood disorders. *J Clin Psychiatry* 2001, 62:728–732
9. Vieta E. Mood stabilization in the treatment of bipolar disorder: focus on quetiapine. *Hum Psychopharmacol* 2005, 20:225–236
10. Suppes T, McElroy SL, Keck PE, Altshuler L, Frye MA, Grunze H et al. Use of quetiapine in bipolar disorder: a case series with prospective evaluation. *Int Clin Psychopharmacol* 2004, 19:173–174

11. Vieta E, Suppes T, Eggens I, Persson I, Paulsson B, Brecher M. Efficacy and safety of quetiapine in combination with lithium or divalproex for maintenance of patients with bipolar I disorder (international trial 126). *J Affect Disord* 2008, 109:251–263
12. Altamura AC, Salvadori D, Madaro D, Santini A, Mundo E. Efficacy and tolerability of quetiapine in the treatment of bipolar disorder: preliminary evidence from a 12-month open-label study. *J Affect Disord* 2003, 76:267–271
13. Ghaemi SN, Katzow JJ. The use of quetiapine for treatment-resistant bipolar disorder: a case series. *Ann Clin Psychiatry* 1999, 11:137–140
14. Michopoulos I, Christodoulou C, Dervenoulas J, Soldatos CR, Lykouras L. Quetiapine monotherapy in bipolar I disorder: A 1-year stabilization in a woman having undergone bone marrow transplantation. *World J Biol Psychiatry* 2007, 26:1–3
15. Pini S, Abelli M, Cassano GB. The role of quetiapine in the treatment of bipolar disorder. *Expert Opin Pharmacother* 2006, 7:929–940
16. Sajatovic M, Calabrese JR, Mullen J. Quetiapine for the treatment of bipolar mania in older adults. *Bipolar Disord* 2008, 10:662–671

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