SELF-INTOXICATION WITH OLANZAPINE IN ADOLESCENTS

K. Dodig-Čurković1,3, M. Ćurković2, D. Degmečić1 & P. Filačević1

1University Department of Psychiatry, University Hospital Osijek, Croatia
e-mail: kdodig@yahoo.com
2Family Medicine Office, Health Centre Osijek, Croatia
3University Department of child and adolescent psychiatry, University Hospital Osijek, Croatia

The utilization of atypic antipsychotics is not recommended in treatment of children and adolescents with regard of limited studies in that specific population. Newer studies confirmed favorable effects in certain diagnostic categories such as: autism, pervasive developmental disorder, uncontrolled aggression, psychotic reactions etc. It is atypical antipsychotic and symptoms of overdose are: somnolence, mydriasis, blurred vision, respiratory depression, hypotension and extrapyramidal and anticholinergic effects.

We displayed a case of self-intoxication with olanzapine in two adolescents, fourteen years old, after ingestion of five 10 mg olanzapine pills at once. Both boys are excellent scholars, with pronounced behavioral disorders and disturbed family dynamics (imprisoned mother because of drug trading, father convicted because of violent behaviour). One boy have stolen tablets from his mother, who is in treatment because of psychotic reaction. Motive for this act was wish for experimentation and proofing, because „they thought it is something for mood rising”. Previously we had a girl in age of twelve, who took mother's pills and have purposely ingested five 10 mg olanzapine pills. Adolescents were hospitalized on Pediatric clinic, and after stabilization of their condition, they were forwarded on psychiatric examination. In boys we recorded somnolence, hypotension, respiratory depression, sedation.

Although the usual dose range for olanzapine is 5-15 mg/d, there are no standard reference values with respect to the expected concentration of olanzapine after therapeutic administration. In clinical studies, steady state concentration of olanzapine is complicated by tissue redistribution after death, which leads to higher concentration in postmortem blood samples. Olanzapine overdoses in children are generally associated with more significant adverse effects. Children therefore, require more active intervention than adults.

It is very important carefully and directionally prescribe antipsychotics, and educating and warning parents about importance of controlling and storing the medications. Children and adolescents are very sensitive population, often influenced by society and surrounding, without sense for risk of uncritical taking of medicatons for adults. It is important to take into consideration family dynamics, as well as social component in preveting this unwished events.

OLANZAPINE AND CARBAMAZEPINE TREATMENT OF SCHIZOAFFECTIVE PSYCHOSIS - CASE REPORT

N. Zovko1, D. Babić1,2, B. Maslov1,2 & M. Martinac2

1Clinical Hospital Mostar, Department of Psychiatry, Bosnia and Herzegovina
e-mail: zovko.nikolina@gmail.com
2School of Medicine, University of Mostar, 88000 Mostar, Bosnia and Herzegovina

N.N. 62 years old female patient diagnosed with schizoaffective psychosis 25 years ago. She was three times on the clinical treatment. Before coming to hospital she was treated with risperidone, clozapine, carbamazepine, fluphenazine, lithium. On admission to hospital she fully developed clinical signs of schizoaffective psychosis with positive and negative signs of psychosis and signs of chronic brain syndrome. During hospitalization she was treated with conventional antipsychotics (haloperidol, promazine), mood stabilizer (carbamazepine), hypnotic (flunitrazepam) and infusions. Despite the treatment, even after a month there has been no improvement. Patient is still completely unsettled, she has hallucinations, is agitated, can not sleep, and had dementia symptoms. Her relatives decided to take her home, on very carefully home treatment and nurture. After two months there are still no signs of improvement of mental health. After that, haloperidol and promazine are replaced with olanzapine (15 mg dose). In the next 2 weeks there are signs of mood stabilization, organization of personality, and generally mental health improvement. Patient is starting to care about herself and her mental health. After three weeks she returned to church, and she has amnesia for the period of treatment and period of three months after hospital treatment. Nowadays she is in a state of stable remission and she is on Olanazapine therapy (10mg per day) and carbamazepine (600mg per day).