Prazine á 200 mg, Akineton á 4 mg and Rispolept Consta á 37,5 mg i.m. One week after his release patient verbalized, with noted sedation, an ejaculation disorder, which was very unpleasant for him as he is in a steady relationship and had no similar problems before treatment. Through oftener ambulatory controls oral medication was gradually decreased and then discontinued, but ejaculation disorder persisted. Last application of depot Rispolept Consta was in July, when the patient was compliant. From May to July of 2008 he received only Rispolept Consta á 37,5 mg i.m, with no other concomitant medication. He still verbalized an ejaculation disorder and did not accept further application of the depot medication, but asked to be treated with Zyprexa Velotab, which he was taking before but stopped taking on his own. During his previous treatment with Zyprexa Velotab he had no sexual side effects and therefore we started with the dose of 10 mg daily. One month afterwards he did not verbalize any kind of an ejaculation disorder and was completely satisfied with the therapy, while psychotic symptoms were non existent.

We are faced with a dilemma and a question: Is it more important to treat psychotic symptoms in noncompliant patients or is it better to discontinue the depot medication at the first notion of an ejaculation disorder?

**SIDE EFFECT OR THERAPY EFFECT?**

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On the basis of experience and clinical practice, it seems that fluoxetine therapy results in considerable weight loss. The significant weight loss in the course of fluoxetine treatment will be evaluated.

Within the period of one year, body weight expressed in absolute value and BMI in a group of patients treated with fluoxetine has been evaluated. The aforesaid referred to outpatients who were not hospitalised in the relevant period. Measurements were taken at the beginning of treatment, one month later, three months later, six months later and a year later. Diagnoses varied from depressive disorder and anxiety-depressive disorder to anxiety disorder. Some patients underwent psychotherapy once a week, each seance lasted 45 minutes.

Weight loss was recorded for the majority of patients. After an initial weight loss, there is a tendency to gradually increase body weight in the course of treatment. Nevertheless, BMI is significantly lower in the observed period than at the beginning of treatment.

Patients were monitored only incidentally and by observing one variable - body weight, i.e. BMI. The subject side effect of fluoxetine that is recognized and described can be explained by agonist effect on 2C serotonin receptors connected with hunger mechanism and weight regulation. Although a small group was observed, it is interesting that the person with greatest BMI was also the person who demonstrated the greatest decrease of BMI. Even though, in narrower sense, the side effect of a medicine is in question, we think that it can be purposely used in order to improve compliance. Regardless of the fact that the side effect is in question, this side effect is neither unwanted nor harmful. In the future, observing risk factors for cardiovascular complications (cholesterol, triglycerides) could be considered since those factors were not evaluated in this study.

**FLUVOXAMINE - A CLINICAL DILEMMA BETWEEN SIDE EFFECTS AND THERAPEUTIC EFFECT OF DRUG**

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Fluvoxamine is an antidepressant drug belonging to the group of selective serotonin reuptake inhibitors (SSRI) drugs. SSRI drugs, in general, selectively block serotonin reuptake on presynaptic and postsynaptic 5-HT receptors. Numerous research and pharmacological studies showed that SSRI antidepressants, particularly fluvoxamine, could exert its activity on 5-HT2A receptors which in turn can lead to increased plasma prolactin (PRL) levels. The mechanism of action is based on serotonergic inhibition of presynaptic and postsynaptic receptors and consequently the central inhibition of hypothalamic-pituitary axis with possible decrease in prolactin concentration in paraventricular nuclei in the brain. The increase in plasma prolactin level which is due to activation of negative biofeedback mechanism of basic hormonal control is clinically manifested as gynecomastia, galactorrhea, amenorrhea, hypogonadism,