disturbance of sexual function and osteoporosis. According to international studies fluvoxamine could cause increased concentration in plasma levels of prolactin and galactorrhea in less than 0.1% of clinical cases.

This paper shows a clinical case-report of female patient, age 37, presented with emotionally unstable personality with a long-term history of symptoms of depression and dysphoria and tendency toward frequent suicidal thoughts.

In the course of three-year treatment, the patient’s therapy has been modified on several occasions by introducing different antidepressants in combination with anxiolytics and mood stabilizers in the therapy (sertraline, escitalopram, tianeptin, maprotilin). Upon introducing fluvoxamine in patient’s therapy (200 mg daily), clinical symptoms improved in terms of significant reduction in symptoms of depression and better everyday social functioning. During the third month of treatment with fluvoxamine patient developed symptoms of bilateral galactorrhea as the only side effect of the drug. Because of the side effect patient was advised to stop taking fluvoxamine which she refused. In order to preserve compliance during further treatment, we have reduced daily dose of fluvoxamine to 100 mg. After reducing the dose of fluvoxamine, the side effect of drug (galactorrhea) subsided and good therapeutic effect of the drug was maintained. Finally, we came to mutual agreement with patient in terms of continuous monitoring of plasma prolactin levels, as well as, detailed follow up of galactorrhea with careful observation of the possible additional side effects of fluvoxamine.

SIDES EFFECTS DURING THERAPY WITH FLUVOXAMINE: CASE REPORT

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We present a case of side effects during therapy with fluvoxamine in a patient with diagnose of depressive disorder.

Patient, 57 years old, was treated under diagnose of depressive disorder during previous 15 years. The patient was hospitalized after attempt of suicide, which occurred after she decided to stop taking medications. Before that she had maprotiline in therapy (daily dosage 100 mg). She stopped taking medications because she was feeling well and she thought she didn't need medications any longer. One week before the beginning of hospital treatment the patient started to isolate herself from others, she became anxious and was feeling hopeless. She was in bed most of the time, and was rejecting food. She stopped going to work. She did not see any way out of this situation and tried to hang herself. Her brother stopped her from doing that. In the beginning of hospital treatment fluvoxamine was introduced in therapy (daily dosage 100 mg), along with diazepam (daily dosage 15 mg). During second day of hospital treatment, the patient felt nauseas and started vomiting. The therapy with fluvoxamine was discontinued and tianeptine was introduced in therapy (daily dosage 37,5 mg), along with diazepam (daily dosage 15 mg). After the change in therapy, nausea and vomiting stopped during the following two days. After ten days the patient's mood was improved and she denied having suicidal thoughts and intentions. Diazepam was gradually discontinued from therapy and the patient was taking tianeptine in therapy, along with zolpidem 10 mg in the evening. The necessity of taking medications continuously after improvement of mental condition was pointed. After discharge, the patient continued outpatient treatment.

SAME MEDICATIONS OR DIFFERENT?

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We present a case of headache in a patient with depressive disorder during therapy with alprazolam. Patient, 51 years old, was treated under diagnose of depressive disorder for the past 18 years. During outpatient treatment, the patient had citalopram (daily dosage 20 mg) and alprazolam (daily dosage 1 mg) in therapy. Occasionally, she was feeling tensed, nervous. Also, occasionally she had headache. She was taking analgetics occasionally, prescribed by neurologist, but headaches did not stop. Diagnostic procedures were performed, and bilateral stenosis of carotid arteries was found. Outpatient treatment was continued and after several months she reported having headache no longer. Also, she said that she started taking "some other" alprazolam in the same daily dosage, and that headache stopped two days after that.

During coversation it was established that this "other" alprazolam was alprazolam from another pharmaceutical company. During outpatient treatment that followed the patient confirmed she had no longer headache.