PARADOXAL REACTIONS TO BENZODIAZEPINES

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Paradoxal reactions to benzodiazepines may be presented in different ways. In some persons, primarily older persons and children, especially with coexisting somatic disorders, paradoxal reactions may be manifested as logorrhoeic speech, inappropriate social behaviour, and psychomotor agitation. Although benzodiazepines lower levels of aggression, few studies described that in some persons levels of aggression get higher with use of benzodiazepines.

From our clinical practice we will present the patient who developed changed 'uninhibited' behaviour after use of alprazolam perorally. Patient K.M. in age of 41 years, married, with one child, works as a clerk at office. He denied psychiatric disorders in his relatives, and also he denied any somatic disorders. Patient came to the psychiatrist after he had troubles at his job, he was accused of something he didn't do. He decided to ask help after few weeks of troubles in functioning, he couldn't sleep, he was anxious, emotionally instable, he couldn't control crying, his thoughts were preoccupied with problems at job, his communication with his family was disturbed. His wife told him to seek for help. He was diagnosed as Acute reaction to stress, and prescribed alprazolam in small dose od 2x0,25 mg per day. After two weeks he came to control and described the same symptoms, so his therapy was corrected to alprazolam 3x0,5mg per day. After ten days he came with his wife to control exam. He was different person as his wife described him. He was angry all the time, he was verbally aggressive to family members as well as to their friends. He described that he couldn't keep his mouth quiet, everything that bothered him he yelled about it. He went to his job and was verbally aggressive and abusive to his working colleagues. Patient described very high levels of agitation, he couldn't control crying, his thoughts were preoccupied with problems at job, his communication with his family was disturbed. His wife told him to seek for help. He was diagnosed as Acute reaction to stress, and prescribed alprazolam in small dose od 2x0,25 mg per day. After two weeks he came to control and described the same symptoms, so his therapy was corrected to alprazolam 3x0,5mg per day. After ten days he came with his wife to control exam. He was different person as his wife described him. He was angry all the time, he was verbally aggressive to family members as well as to their friends. He described that he couldn't keep his mouth quiet, everything that bothered him he yelled about it. He went to his job and was verbally aggressive and abusive to his working colleagues. Patient described very high levels of agitation, he couldn't be still at one place.

Before his wife described him as very quiet and nice person, he never raised his voice, and always found peaceful solutions to every problem. We told him to stop taking the medication, and he came to control exam after one week. Two days after the last medication his aggression dissapeared, he was ashamed of his behaviour. But he told that lot's of things he said last few weeks he wanted to say for many years before, but he was too anxious and afraid to do so. Therefore, in this case report it is unclear what really happened, was that desinhibition or not?

PSYCHOPHARMACOLOGICAL TREATMENT DILEMMAS IN PATIENT WITH POSTTRAUMATIC STRESS DISORDER AND MYOTONIC MYOPATHY COMORBIDITY

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Patient F.I. age 49, was hospitalized in Psychiatric Hospital Vrapče for the first time due to mental deterioration characterized by suicidal tendencies, severe psychomotor agitation, emotional instability and dysphoric-depressive mood within chronic posttraumatic stress disorder (PTSD).

The patient had been previously hospitalized on four occasions and the main reasons for admissions were serious suicide attempts in his medical history. Four years ago, he was diagnosed with Proximal myotonic myopathy type II (PROMM) with insulin insensitive Diabetes mellitus type II (DM) and its complications (retinopathy and polyneuropathy) and arterial hypertension. PROMM is a dominantly inherited progressive myopathy; it is characterized by myotonia, muscle dysfunction and less commonly by cardiac conduction defects, iridescent posterior subcapsular cataracts, insulin insensitive DM type II and testicular failure.

Several family members suffer from myotonic dystrophy (MD), and one brother died due to complications from MD. There is also a family history of suicide (another brother, who was a Croatian war veteran and suffered from PTSD, committed suicide).