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A CASE OF MAJOR DEPRESSION COMORBID WITH SOCIAL PHOBIA TREATED SUCCESSFULLY WITH VORTIOXETINE

Reiji Yoshimura & Naomichi Okamoto

Department of Psychiatry, University of Occupational and Environmental Health, Fukuoka, Japan

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Dear Editor,

Social phobia is characterized by an intense fear in one or more social situations, causing considerable distress and impaired functioning in at least some parts of daily life. It is categorized as a social anxiety disorder by the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association 2013). Benzodiazepines and selective serotonin reuptake inhibitors are generally prescribed for social phobia (Chapdelaine et al. 2018). Major depression (MD) is often accompanied by social phobia, with a comorbidity rate of approximately 10% (Moscati et al. 2016). Vortioxetine is a new antidepressant that was introduced for the management of MD or depressive disorder in Japan in 2019. It exhibits a broad action profile of both serotonin (5HT) transporter and several 5HT receptors, including 5HT3A, 5HT7, and 5HT1D receptor antagonists; 5HT1B partial agonist; and 5HT1A agonist (Chen et al. 2018). Here we report a case involving a patient with MD and social phobia who was treated with vortioxetine. Written informed consent was obtained from the patient.

A 54-year-old man with MD was referred to the department of psychiatry at the University Hospital of the University of Occupational and Environmental Health, Japan. He had previously experienced two episodes of MD and was currently experiencing the third one. He exhibited a depressed mood, restlessness, agitation, insomnia, and worthlessness, and he also feared that his gaze always made others uncomfortable. He could not look colleagues in the eye at his workplace and avoided meeting or talking to them. A diagnosis of comorbid social phobia with MD was established and treatment with fluvoxamine (maximum dose: 150 mg/day), sertraline (maximum dose: 100 mg/day), or escitalopram (maximum dose: 20 mg/day) plus alprazolam (maximum dose: 0.8 mg/day) was initiated. However, his problems were only partially alleviated. Therefore, vortioxetine was initiated at 10 mg/day and increased to 20 mg/day. Four weeks after initiation of vortioxetine, his depressed mood, restlessness, and agitation were ameliorated, although his social phobia persisted and he continued to take alprazolam (0.8 mg/day). Eight weeks later, his fears concerning his gaze and his anxiety were gradually diminished, and he did not require alprazolam on a regular basis. He continued to take vortioxetine (20 mg/day) alone and gradually resumed a normal life without inconvenience.

The findings of this report indicate that vortioxetine may be effective in cases of MD and social phobia. In the present case, social phobia disappeared approximately 2 months after vortioxetine treatment initiation, even though the core symptoms of MD were ameliorated earlier. Thus, it remains unclear whether the social phobia was directly resolved by vortioxetine or resolved via amelioration of MD by the drug. Recently, Liebowitz et al. (Liebowitz et al. 2017) reported that vortioxetine was effective against MD with social anxiety disorder in a 12-week double-blind, placebo-controlled trial.

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Correspondence:
Reiji Yoshimura, MD
Department of Psychiatry, University of Occupational and Environmental Health
1-1 Iseigaoka, Yahatanishi-ku, Kitakyushu, Fukuoka 8078555, Japan
E-mail: yoshi621@med.uoeh-u.ac.jp