

Methods: 50 patients of first episode MDD with no past history of antidepressant exposure and other medical comorbidity were recruited after obtaining consent for Escitalopram therapy. The CRP levels of the patients were evaluated on the day of recruitment and depressive symptoms were monitored using Montgomery Asberg Depression Rating Scale (MADRS) at week 0, 3, 6, and 12. Compliance to pharmacotherapy and disability were assessed using Morisky Medication Adherence Scale and World Health Organization disability assessment schedule respectively. The patients with low (≤ 10 mg/l) and high (> 10 mg/l) CRP levels were compared for time taken to achieve remission using Kaplan-meier survival analysis.

Results: The Kaplan-meier survival analysis showed significantly higher proportion of patients with low CRP levels attained remission than patients with higher CRP levels (Log-rank= 7.594; $dF=1$; $p=0.006$). The age, compliance to pharmacotherapy and disability did not significantly affect the remission rates of the patients.

Conclusion: Our study confirms that higher levels of CRP can lead to poorer remission rates in patients with MDD after antidepressant therapy and can predict treatment resistance.

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DISTINGUISHING BETWEEN NEUROLEPTIC MALIGNANT SYNDROME AND SEROTONIN SYNDROME IN POLYPHARMACY: AN OVERVIEW WITH A CASE REPORT

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We present a case of a 53-year old patient with schizophrenia taking clozapine, amisulpride, venlafaxine, lorazepam, gabapentin and lamotrigine. He was admitted to the ER with rigidity, fever, encephalopathy, sweating, tremor, muscular spasms, hypersalivation, elevated creatinine kinase and myoglobin, leucocytosis and acute kidney failure. We discuss the overlap of symptoms and subsequent management of neuroleptic malignant syndrome and serotonin syndrome. Distinguishing between the two in a clinical setting, when the patient currently takes multiple drugs, can sometimes present a real challenge, since polypharmacy is also an important risk factor for both syndromes. We further discuss clinical difficulties in everyday clinical practice and how personalized medicine approach can alleviate some of them.

Key words: neuroleptic malignant syndrome - serotonin syndrome - pharmacogenetics - therapeutic drug monitoring - personalized medicine

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SELECTIVE SEROTONINE REUPTAKE INHIBITORS (SSRI) USAGE DURING PREGNANCY

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Depressive disorders in pregnancy are common and generate concerns regarding their treatment. The effects of untreated maternal depressive symptoms on preterm birth, low birthweight, fetal growth restriction and postnatal complications are well known. When left untreated, depressive disorders continue postpartum and have a big impact on the patients' functioning. Selective serotonin reuptake inhibitors (SSRIs) are the first choice of treatment of depressive disorders. However, there are some concerns which should be addressed. The aim of this systematic review is to explore the SSRI usage in pregnancy. We studied the latest literature in the PubMed databases and recommendations from the guidelines. Decision to treat depression in pregnancy should be taken with careful consideration of many factors. Clinicians should weigh the use of SSRIs during pregnancy against the risk of untreated depressive disorder.

Key words: perinatal depression - serotonin - SSRI - pregnancy - breastfeeding

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PREGABALIN ABUSE - A CASE REPORT

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Pregabalin is a medication with anticonvulsant, anxiolytic and analgesic effects. In Slovenia the indications for its use are neuropathic pain, some types of epilepsy and generalised anxiety disorder. There is a lot of off-label clinical use of pregabalin (e.g. bipolar disorder, insomnia, fibromyalgia, restless leg syndrome). Because of its GABA analogue activity without directly interfering with GABA metabolism there have been proposals for its use as the main therapy for benzodiazepine and alcohol withdrawal treatment. Coincidentally there has been a growing number of reports showing abuse and potential dependency following 15 years since it has been on the market. We will present a case report of a 55-years-old woman with alcohol use disorder and generalized anxiety disorder. Pregabalin was used for anxiety treatment, but the patient started to abuse it. Our aim is to review published data and literature of pregabalin abuse and/or dependence, since it is a widely used substance with an increasing number of prescriptions.

Key words: pregabalin - dependency - abuse - psychiatry

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KETAMINE - UNDRAWN LINES BETWEEN MEDICAL AND RECREATIONAL USE - IMPLICATIONS FOR CLINICAL PRACTICE

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Ketamine, synthesized in 1962, approved in 1970, is considered safe for use in controlled conditions, mainly as an anesthetic, especially in pediatric populations and in people suffering from pulmonary diseases, as well as in emergency departments and in war situations. Dissociative states (derealization and depersonalization) produced by ketamine made it a popular recreational drug, which led to increased regulation in most countries. Intravenous application of ketamine has shown rapid, although transitory antidepressant and antisuicidal effects in patients with unipolar and bipolar depression. Esketamine, the S(+) enantiomer of ketamine, with better pharmacodynamic selectivity, has just been approved for treatment-resistant major depressive disorder, in the form of a nasal spray. Presently, the high cost of the spray not only limits its widespread use, but also makes it less prone to abuse and diversion. Additional measures are needed to hinder it from becoming a new "street drug".

Key words: ketamine - esketamine - antidepressant - ketamine abuse

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HIGH-DOSE METHYLPHENIDATE USE PRIOR TO HOSPITALIZATION EXACERBATES THE WITHDRAWAL SYNDROME IN INPATIENTS TREATED FOR OPIOID AND SEDATIVE-HYPNOTIC CO-DEPENDENCE - CASE SERIES AND REVIEW OF THE LITERATURE

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Methylphenidate (MPD) is a drug used to treat attention deficit hyperactivity disorder (ADHD) and narcolepsy. Due to its stimulant qualities, illicit use is common in some populations. Cognitive side effects of excessive doses of MPD are widely reported in the literature. Less is known about illicit use of high-dose MPD in polydrug users and its influence on withdrawal symptoms of other psychoactive substances. We