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Another use for long-acting mood stabilizer injectables: Treating mood dysregulation disorder comorbid with eating disorders, purging type

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Adolescent psychiatric patients can express a range of maladaptive behaviours, often related to emotional dysregulation, including substance abuse, eating disorders, and self-injurious behaviours, such as cutting.

Long-term pharmacological and non-pharmacological treatment may be necessary to provide a corrective emotional experience for a severely dysfunctional adolescent. Successful intervention may require considering alternative therapeutic approaches.

Emotional dysregulation patterns can trigger maladaptive, aberrant or unhealthy eating habits, ranging from overly restrictive to uncontrolled eating, which could benefit from mood stabilization.

In a previous paper the use of mood stabilizing long-acting therapy with more predictable pharmacokinetics was reported to be useful for overcoming the problem of malabsorption of oral therapy, such as lithium, secondary to bariatric surgery. Indeed, patients with obesity comorbid with bipolar disorder who undergo bariatric surgery often require substantial adjustments of lithium oral therapy, highlighting the risk of unpredictable lithium absorption and blood level fluctuations. In such cases, switching to mood stabilizing long-acting injectables represents an optimal strategy (di Michele, 2024).

Here I focus on another alternative use of long-acting mood-stabilization therapy. In young patients with mood dysregulation disorder and eating disorders comprising self-induced vomiting, the use of long-acting injectable treatment should be

considered to address the challenging problem of expelling the oral therapy. Indeed, although such patients cannot be classified as explicitly non-compliant, the challenging issue of purging conducts effectively places them in this category. In such cases, it is not possible to know how much of an oral therapy will be absorbed daily, since purging is an unpredictable behaviour.

Accordingly, in three such young patients, switch from the oral therapy to long-acting mood stabilizer injectables was proposed, to ensure therapeutic coverage. One case had been prescribed oral oxcarbazepine 300 mg twice daily and quetiapine extended release 50 mg, quetiapine 25 mg at night; case two had been prescribed Resilient (extended release lithium sulphate) 83 mg 2 capsules per day; quetiapine extended release 400 mg/daily; case three was taking valproate 750 mg; carbolithium 300 mg twice daily; brexpiprazole 4 mg daily. Initially, all three patients underwent a two-week oral trial of Aripiprazole (20 mg/day) in cross titration with their usual oral therapy to ensure tolerance.

Dosages of the long-lasting injectables were then adjusted based on patient BMIs (Aripiprazole ranging from 200 mg to 400 mg IM monthly). This strategy was fully understood by the patients, who gave their informed consent in accordance with Department protocol, and they expressed appreciation, since such patients are often severely frustrated by the compulsion to vomit, especially those with good illness insight. Patient satisfaction with this alternative drug delivery method corresponded to successful results. Indeed, their mood became more stable, and eating disorders symptoms decreased in number of binge episodes and purging behaviours, reducing the vicious cycle underlying such aberrant behaviours. With this pharmacologic support, these patients were better able to commit themselves to the cognitive behavioural psychotherapeutic programs.

In one of these cases, benefits of the new therapy not only reduced the bulimic behaviours, but also the reported resolution of the cutting behavior.

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To date, this is the first report proposing this alternative use of long-lasting mood stabilizer injectables. Considering the increasing rates of the eating disorders with purging behavior among youth, comorbid with mood disorders, this seems an urgent issue to deal with.

More systematic studies are certainly needed to validate this promising clinical experience, particularly in light of a case-report of long-acting injectable aripiprazole associated with pathological gambling and compulsive eating (Golouh & Celofiga, 2021).

In conclusion, this report highlights the importance of considering alternative approaches when managing psychopharmacological treatments of young patient with mood dysregulation and eating disorders with purging.

Additional research is required to establish standardized protocols for the psychiatric management of such patients, taking account of the improvement of adherence to cognitive treatments when mood is better stabilized.

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