Amisulpride-induced agranulocytosis: A case report


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Introduction Agranulocytosis is a potentially life-threatening haematological side effect induced by typical and atypical neuroleptic. When agranulocytosis is associated with a specific anti-psychotic, the medication should be discontinued. This severe side effect is troublesome.

Case report We report the case of a 60-year-old man, treated with amisulpride for schizophrenia, who developed an agranulocytosis. This patient had been treated with first and second generation anti-psychotic drugs during his life and had already been exposed to many neuroleptics without any signs of toxicity. However, after three days of the introduction of amisulpride he presented a rapid onset agranulocytosis (leukocytes 1.2 G/L and neutrophils 0.4 G/L). After discontinuation of amisulpride, blood count returned to normal. The favorable evolution after discontinuation of treatment: the normality of biological and cytological examinations is in favor of a causal relationship between this severe neutropenia and introduction of amisulpride.

Conclusion This case report highlights the risk of amisulpride in inducing agranulocytosis, a risk underestimated in regard of the clozapine risk to induce agranulocytosis or neutropenia. For this reason, it seems reasonable to recommend performing a blood count before introduction and during the treatment by antipsychotics.

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Hepatotoxicity related to anti-depressive psychopharmacotherapy: Implications of quantitative signal detection

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Introduction Drug-induced liver injury is a major problem of pharmacotherapy and is also frequent with anti-depressive psychopharmacotherapy.

Objectives/aims However, there are only few studies using a consistent methodologic approach to study hepatotoxicity of a larger group of antidepressants.

Methods We performed a quantitative signal detection analysis using pharmacovigilance data from the Uppsala monitoring center from the WHO that records adverse drug reaction data from worldwide sources; we calculated reporting odds ratios (ROR) as measures for disproportionality within a case-/non-case approach for several frequently prescribed anti-depressants.

Results Both positive controls, amineptine (ROR 38.4 [95% CI: 33.8–43.6]) and nefazodone (ROR 3.2 [95% CI: 3.0–3.5]), were statistically associated with hepatotoxicity. Following amineptine, agomelatine (ROR 6.4 [95% CI: 5.7–7.2]) was associated with the second highest ROR, followed by tianeptine (ROR 4.4 [95% CI: 3.6–5.3]), mianserin (ROR 3.6 [95% CI: 3.3–4.4]) and nefazodone.

Conclusions In line with previous studies our results support the hypothesis that agomelatine and several other anti-depressants may be associated with relevant hepatotoxicity. However, the used data and applied method do not allow a quantitative evaluation of hepatotoxicity or assessment of substance–specific differences regarding the extent of hepatotoxicity.

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Trazodone in treatment of interferon-induced anxiety in persons with viral hepatitis C

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Introduction The interferon therapy is associated with numerous adverse psychiatric effects, such as tension, irritability, insomnia, etc.

Goal The goal of this study was to examine the severity and the frequency of anxiety in persons with chronic hepatitis C receiving pegylated interferon alpha combined with ribavirin. We have also tried to assess the efficiency of trazodone in treatment of symptoms of anxiety in patients receiving pegylated interferon.

Method The total of 36 patients whose diagnosis of chronic hepatitis C has been confirmed both serologically and pathologically, receiving interferon therapy, ages 22 to 60, participated in this study. The control group consisted of 32 patients, all with same diagnosis, corresponding with those in the study group in terms of gender, age duration of the illness and the level of education. All patients received pegylated interferon alpha 2a, administered subcutaneously once per week, along with oral ribavirin. The research used the following instruments of clinical