Quetiapine monotherapy in bipolar disorder:
Two years maintenance treatment
in an elderly woman

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Quetiapine has been used in bipolar mania and most recently in bipolar depression with good results. However its use in maintenance treatment has not been established yet. A case of an elderly woman suffering from bipolar disorder and diabetes mellitus (type II) is presented. The use of quetiapine as a monotherapy (300 mg/day) was efficient and safe and proved to be a good treatment in mood stabilization for two years.

Key words: Bipolar disorder, elderly, quetiapine, stabilization.
tension and diabetes mellitus (type II). She had three major depressive episodes (MDE); at the age of 40, 58 and 69 years. The first two episodes had remitted fully under amitriptyline (150 mg/day). For the third MDE, she needed hospitalization. She had not remitted fully after six months under nortriptyline (75 mg/day) and paroxetine (40 mg/day). Lithium was tried as an adjunctive treatment, but it was stopped due to side effects: hypothyroidism and somnolence. At the age of 72, she had the fourth MDE, for which she was again hospitalized. Six months after discharge her remission was poor and she was examined in our Outpatients'. On assessment she was receiving sertraline (200 mg/day), mirtazapine (45 mg/day) and risperidone (2 mg/day). She remained rather depressive for the next two years: psychomotor slowiness, somatic complaints, fatigue, dysphoric mood, preoccupation with health, overvalued ideas for constipation and bowel disease. She reported amelioration during summer and deterioration during winter. She was fully remitted on July 2005 (age 74), receiving amitriptyline 100 mg, sertraline 200 mg and quetiapine 25 mg. She was normothymic for the next 2 months when she expressed a manic episode. All antidepressants were stopped, quetiapine was raised to 600 mg and haloperidol 5 mg was added. Two months later she was normothymic and she was receiving 100 mg of quetiapine from her own for the next 3 months. She was in good mental state and mood until the next summer (2006) when she had her second manic episode. Quetiapine was raised to 500 mg and lorazepam 2 mg was added. In two months’ time she was normothymic again and quetiapine was gradually lowered to 300 mg, a dose stable for the next two years until October 2008 (age 77). The patient had stable mood for these two years and did not appear any problems with her somatic health: no QTc prolongation, no need to adjust hypertension or diabetes treatment (GHbA1=6.3 g/dL). Though she had not insight of the manic phase, she kept on receiving 300 mg of quetiapine, since she had no adverse events and felt that her medication “protected her from depression”.

Discussion

In this case report quetiapine was used as monotherapy for maintenance treatment in an elderly patient with bipolar disorder and diabetes mellitus. The age of the patient and the previous failure with lithium were the main reasons for choosing quetiapine in the beginning, since it is generally well tolerated. In the beginning of treatment, when the patient was still manic after initiating quetiapine, it was preferred not to raise the dose to 800 or 1,000 mg/day, in order to avoid orthostatic hypotension and severe somnolence and thus low doses of haloperidol were chosen, for two months. Haloperidol was helpful when quick suppression was necessary but was not preferable by the patient. On the other hand, quetiapine showed its antimanic effects in a mild but continuous way and finally proved to be very effective in stabilizing the patient’s mood for two years. It is also worth noting that the patient’s health problems were not affected; stable blood pressure, no weight gain, blood glucose regulation.

Quetiapine’s use in bipolar disorder started from the management of mania; sedation and lack of extrapyramidal side effects proved to be advantageous. In acute mania it has been effective in combination to mood stabilizers or alone, especially in the elderly. On the other hand quetiapine’s good results in bipolar depression seem to be confirmed in large double-blind studies. The fact that quetiapine appears to be efficacious and safe both in mania and bipolar depression, increases the possibility to be beneficial as a mood stabilizer in long term treatment of bipolar disorder. Quetiapine has been tried in maintenance treatment of bipolar disorder, mainly as an adjunctive agent to resistant cases. Altamura et al have conducted a 12-month open-label study with quetiapine monotherapy in the maintenance treatment of bipolar disorder using 150–300 mg/day, similar doses with our case. In a previous case of ours 400 mg/day were efficacious in a younger patient.

In our patient the use of quetiapine helped managing bipolar disorder in an elderly woman without affecting her somatic problems. Mood stabilizing properties, along with good toleration and compliance made quetiapine efficacious as a monotherapy in our case. Mood stabilizing properties of quetiapine deserve further investigation with long term double-blind studies.
Η χρήση της κουετιαπίνης στη διπολική διαταραχή:
Δύο χρόνια μονοθεραπεία σε μια ηλικωμένη γυναίκα

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Η κουετιαπίνη έχει χρησιμοποιηθεί στη διπολική διαταραχή με καλά αποτελέσματα. Αρχικά στη θεραπεία του μανιακού επεισοδίου και προσφατώς στη θεραπεία του καταθλιπτικού επεισοδίου. Οι σταθεροποιητικές της ιδιότητες δεν έχουν εξετασθεί επαρκώς. Παρουσιάζεται η περίπτωση μιας γυναίκας 77 ετών, που πάσχει από διπολική διαταραχή τύπου I. Η άσθενη έλαβε μικρές δόσεις συμπληρωματικής θεραπείας (αλοπεριδόλης στο πρώτο και λοραζεπάμης στο δεύτερο). Μέσω σε δύο χρόνια μετά το τελευταίο καταθλιπτικό επεισόδιο εμφανίστηκε δύο μανιακό επεισόδιο. Και τα δύο ζήτησαν σύντομη με τη χρήση κουετιαπίνης και μικρών δόσεων συμπληρωματικής θεραπείας. Μέσω σε δύο χρόνια μετά το τελευταίο καταθλιπτικό επεισόδιο η άσθενη έλαβε μικρές δόσεις συμπληρωματικής θεραπείας (αλοπεριδόλης στο πρώτο και λοραζεπάμης στο δεύτερο). Μέσω σε δύο χρόνια μετά το τελευταίο καταθλιπτικό επεισόδιο η άσθενη έλαβε μικρές δόσεις συμπληρωματικής θεραπείας (αλοπεριδόλης στο πρώτο και λοραζεπάμης στο δεύτερο). Μέσω σε δύο χρόνια μετά το τελευταίο καταθλιπτικό επεισόδιο η άσθενη έλαβε μικρές δόσεις συμπληρωματικής θεραπείας (αλοπεριδόλης στο πρώτο και λοραζεπάμης στο δεύτερο). Μέσω σε δύο χρόνια μετά το τελευταίο καταθλιπτικό επεισόδιο η άσθενη έλαβε μικρές δόσεις συμπληρωματικής θεραπείας (αλοπεριδόλης στο πρώτο και λοραζεπάμης στο δεύτερο).

Λέξεις ευρετηρίου: Διπολική διαταραχή, ηλικωμένη ασθενής, κουετιαπίνη, σταθεροποίηση.

References

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