

Case report / Olgu sunumu

Facial edema after olanzapine addition to sertraline: a case report

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ABSTRACT

Although facial edema due to drugs is common especially with calcium channel blockers, beta blockers, non-steroidal anti-inflammatory drugs, and several hormonal drugs they can rarely occur with new generation antipsychotics. There are case reports with olanzapine especially as peripheral edema. In literature two relatively young cases who developed facial edema with olanzapine have been reported. We present a 72 year old female patient with major depression who developed facial edema after addition of olanzapine 2.5 mg/day to sertraline. Olanzapine treatment in the elderly should be carefully decided because even small doses of olanzapine may increase risk of edema. (*Anatolian Journal of Psychiatry* 2017; 18(Suppl.1):46-47)

Keywords: olanzapine, facial edema, new generation antipsychotics, peripheral edema

**Sertraline olanzapin eklenmesi ile gelişen fasyal ödem:
Bir olgu sunumu**

ÖZ

İlaçlara bağlı ödem özellikle kalsiyum kanal blokeri, beta blokerler, non-steroid antiinflatuar ilaçlar, bazı hormon ilaçlarına bağlı olarak daha sık gelişmesine rağmen, yeni kuşak antipsikotiklerle de daha nadir olarak gelişebilmektedir. Olanzapinle özellikle periferik ödem şeklinde olgu bildirimleri vardır. Literatürde olanzapinle gelişen fasyal ödem olarak sadece iki genç olgu bildirimi şeklinde bir yazı vardır. Biz de 72 yaşındaki bir depresyon hastasında sertraline 2.5 mg/gün olanzapin eklenmesinden sonra gelişmiş bir fasyal ödem olgusu sunduk. Yaşlı hastaların düşük doz olanzapinle bile ödem açısından riskli olduğunu akılda tutarak, bu yaş grubunda olanzapin kullanılması dikkatli olmak gerekir. (*Anadolu Psikiyatri Derg* 2017; 18(Ek.1):46-47)

Anahtar sözcükler: Olanzapin, fasyal ödem, yeni kuşak antipsikotikler, periferik ödem

INTRODUCTION

Edema may be defined as abnormal fluid deposition inside tissues. The cause may be increased filtration of fluids from vascular area or impaired drainage of interstitial fluid by the lymphatic system. It may be due to systemic diseases, vascular or lymphatic abnormalities or usage of several drugs.¹

Edema may develop due to hormonal treatments such as corticosteroids, estrogen, progesterone, and testosterone; or drug treatments such as nonsteroidal anti-inflammatory drugs, calcium channel blockers, clonidine, minoxidil, hydralazine, beta blockers, and monoamine oxidase inhibitors.¹

Olanzapine is a new generation antipsychotic which is commonly used in schizophrenia, and bipolar affective disorder. It is also commonly used as an augmentation strategy in treatment resistant depressive disorder.²

Facial and peripheral edema as a side effect of olanzapine is rarely seen.³ There are two hypotheses regarding olanzapine induced edema: vasodilatation due to blockage in alpha-1 and 5-HT₂ receptors or disturbance in renal regulation of fluid and electrolyte balance.⁴ However the mechanism of olanzapine induced edema and whether it is dose dependent or not have not been clarified yet.

Here in we present a case of facial edema that

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that developed after low dose olanzapine (2.5 mg/day) was added to sertraline in an old patient with major depressive disorder.

CASE

A 72 year old female patient came with loss of interest, anhedonia, and insomnia that had started two months before. She did not have any previous medical problem or drug use. The patient was diagnosed as major depressive disorder according to DSM-IV and sertraline 50 mg/day was initiated. No response was observed in first month of treatment and sertraline was increased to 100 mg/day. Partial remission occurred with sertraline 100 mg/day and olanzapine 2.5 mg/day was initiated as augmentation treatment. Three days after initiation of olanzapine the patient developed moderate level facial edema. The patient's hemogram, liver and kidney functions, thyroid hormones and electrocardiogram were within normal limits. Facial edema was attributed to olanzapine use; therefore olanzapine was stopped and sertraline 100 mg/day was continued. Two days after cessation of olanzapine, facial edema disappeared.

DISCUSSION

Previously rare cases of peripheral edema due to atypical antipsychotics such as risperidone, clozapine, and olanzapine have been reported.^{3,5-9}

But to the best of our knowledge there is only a single paper that reported two cases of facial edema associated with olanzapine use in the literature.¹⁰ We could not find a case of edema associated with sertraline use.

We thought facial edema in our patient was due

to olanzapine because facial edema developed 3 days after olanzapine was initiated although she was using sertraline for a month previously and facial edema disappeared two days after olanzapine was stopped although sertraline was still being used.

Olanzapine induced eyelid edema,⁴ pedal edema,^{3,8} hand and foot edema,⁷ and peripheral edema in an elderly⁹ have been previously reported. Olanzapine induced facial edema has been reported only in two relatively young patients previously.¹⁰ Their ages were 25 and 16 years old. Our case was a 72 year old elderly. Akin et al. reported peripheral edema with olanzapine 2.5 mg twice daily in an 86 year old patient.⁹

Elderly patients are believed to be under greater risk for development of edema with olanzapine.⁹ Our patient was also elderly and development of facial edema with a relatively low, 2.5 mg dosage of olanzapine may be due to a susceptibility resulting from her age.

Previous cases of facial edema developed with 20 mg/day and 15 mg/day olanzapine use,¹⁰ and development of edema at a relatively low 2.5 mg/day dose suggests that this side effect may not be dose dependent. In addition, facial edema developed after weeks or months of olanzapine use and this brings the question whether different mechanisms are effective in edema developed with olanzapine.

Reporting these side effects by low dose antipsychotics will lead way to further studies that will shed light on mechanism of this side effect. In addition there is a risk of edema with even small doses of olanzapine which should be kept in mind during treatment of elderly patients with olanzapine.

Authors' contributions: B.H.A.: detection of case, decide to turn this case into a case report, literature review, design, writing the manuscript; M.C.: literature review, translation, language editing.

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