

Case Report

Paroxetine Induced Nightmares in a case of geriatric depression

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ABSTRACT

The case report demonstrates a rare side effect of paroxetine seen in a 64 year-old female patient who had been suffering from depression for over 3 years but had not received appropriate treatment. She was administered 20mg paroxetine daily which was increased to 30mg per day. The patient reported serial nightmare where she would see ghosts and wild animals chasing her after 2 weeks of paroxetine therapy. Reducing the dose of the drug did not lead to an abatement of symptoms and paroxetine had to be discontinued that led to a total improvement in her condition. Anecdotal case reports on paroxetine induced nightmares are present in literature and rare, and there is a possibility that paroxetine led to nightmares in this case via some modulation of the serotonergic system.

Key words: paroxetine, nightmares, geriatric depression, serotonin, depression.

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INTRODUCTION

Selective serotonin reuptake inhibitors (SSRIs) are one of the commonest drugs used in the management of geriatric depression [1]. Their safety has been well documented in the management of depression in the elderly [2]. However, they are also known to produce some side effects like acidity and nausea along with some unexpected and rare side effects [3]. In this case report we present a case of geriatric depression that developed serial nightmares after we started paroxetine which is an SSRI. The case report is important because the side effects caused may be confused with delirium, confusional state and even borders on psychosis thereby affecting the clinical presentation. It also contributes to an understanding of the role that serotonin may have in neurobiology of dreams with affective content like nightmares [4].

CASE REPORT

A 64-year-old woman was brought to the out patient department of our hospital with depressive symptoms since the past 3 years prior to presentation. She worked as a school teacher and had retired. Her husband had passed away a year ago and suffered from cancer which was the trigger point for her depression 3 years ago. After his death, she experienced a feeling of emptiness and thereafter her family noticed clear personality deterioration coupled with easy irritability and anger outbursts. She stopped meeting people socially and stopped doing her household chores as well as all that she like to do previously. She reduced her food intake and had decreased self care with crying spells. She was referred to her family physician and was diagnosed with depression. She was started on Duloxetine 20mg per day and she showed no improvement after 2 weeks of treatment. She was hence referred to us by her family physician. We

conducted a thorough clinical evaluation and agreed with a diagnosis of geriatric depression. We decided to start an SSRI and we started paroxetine at 20mg per day which was increased to 30mg per day in a two week period. The patient improved from a depression point of view and reported better mood, increased sociability and good appetite. She also started doing her daily activities and looked after herself.

After relief from depression, the patient explained that on 30mg paroxetine she experienced serial nightmares over a 1 week period. She would have nightmares, with feelings of anxiety carrying over into the daytime. The nightmares were vivid and repetitive. The patient remembered some of the nightmares and reported that it involved her coming in contact with ghosts and evil spirits and she was burned alive. She somehow escaped their clutches and came back home. In another nightmare, she said that evil people from a religious group came to her house to solicit her and her family. She was ordered to be crucified like Jesus Christ as she had sinned. These nightmares continued everyday with similar themes and resulted in her having disturbed sleep and anxiety on waking and in the morning. She then felt that an increase in the dose of the medicine may have led to the same and consulted us for an opinion.

We clinically found that the nightmares started after 30mg of the drug while she was fine on 20mg. We tried to reduce the dose to 20mg but the nightmares continued. The intensity or the themes of the nightmares did not change. It was then decided to stop paroxetine after 5 days of dose reduction and the patient was started on Mirtazapine at 15mg per night. After a day of stopping paroxetine, the nightmares stopped and did not recur. We wished to rechallenge the patient with Paroxetine but she did not agree for the same. She is currently maintained at 15mg mirtazapine and is doing well.

DISCUSSION

Many sedative-hypnotics, beta-blockers and other medications have been reported to be frequently associated with nightmares [5]. Although it is unclear whether paroxetine leads to nightmares, it has been mentioned in neurobiological literature that drugs associated with norepinephrine, serotonin, or dopamine may induce nightmares [6]. Literature is abundant with case reports that suggest hallucinations induced by SSRIs [7]. Many of these are in cases of organic neuropsychiatric disorders. Nightmares have been reported with Fluvoxamine [8] and a combination of Dosulepin and Paroxetine [9]. The clear neurobiological mechanism by which SSRIs cause nightmares remains unclear. Researchers suggest that SSRIs suppress dream recall frequency but increase subjective dream intensity, which is seen in our case as well [10]. Dose reduction did not result in reduction of nightmares thereby establishing that the induction of nightmares was not dose dependent. On applying Naranjo's algorithm for drug induced side effects, it has been noted that a score of +3 was obtained for our case [11]. Paroxetine induced nightmares is a rare but serious side effect. It may confuse the clinical picture of depression and clinicians need to be careful when using SSRIs in the elderly as the propensity for rare side effects are higher.

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