

Case Report: Melancholia Agitata Improving on Olanzapine

Background

- Agitated depression or Melancholia agitata is a mixed state of depression characterized by a depressed or anxious mood, inner agitation, psychomotor agitation, irritability, mood lability, or suicidal thoughts
- Associated with a high risk of suicide
- Extensive debate regarding the classification of agitated depression led to the removal of agitation criteria for major depressive disorder in the DSM further complicating diagnostic clarity and treatment (1)
- Often treated with anti-depressants as patients fit criteria for a major depressive episode, however, anti-depressants have been shown to worsen these mixed states
- Treatment with lithium, benzodiazepines, antipsychotics, anti-epileptics and ECT led to markedly improved symptoms in patients with agitated depression (2)
- We present a case of a patient with melancholia agitata whose symptoms worsened with lurasidone and dramatically improved upon acute treatment with olanzapine and lorazepam

Case Report

- 71-year-old male with a medical history of right carotid stenosis and coronary artery disease s/p stenting and a past psychiatric history of bipolar disorder that was chronically managed on alprazolam 0.25 mg thrice daily
- he had worsening of symptoms as he initiated self-taper of medication with suicidal ideation and homicidal ideation towards family
- Initial examination revealed low mood, irritability, restlessness, thought blocking, apathy, low energy, terminal insomnia, and weight loss
- Psychomotor symptoms and agitation were mildly improved with the reintroduction of alprazolam
- Had worsening in agitation, verbal aggression, anxiety, and sleep with the introduction of nortriptyline, with improvement following prompt discontinuation.
- Had a similar intolerance of lurasidone 20 mg daily with worsening symptoms the next day
- Alprazolam was transitioned to lorazepam due to a more favorable pharmacokinetic profile on which he remained stable
- Patient greatly improved on Olanzapine 5 mg at bedtime alongside lorazepam 0.5 mg twice daily

Discussion

- Kraepelin's model of manic-depressive illness recognized that the polarity of mood, psychomotor, and thought symptoms could be discordant in the setting of a single episode and fluctuate
- The criteria developed by Koukopoulos et al 2007 prompted an alternate model for classifying depressive mixed states focusing on psychic agitation, irritability, and mood lability, with or without further excitatory symptoms (3)
- This can be seen in patients with major depressive disorder who have never met DSM-5-TR criteria for bipolar-spectrum illness
- Misdiagnosis of agitated depression can significantly impact patient prognosis as this form of depression can worsen with antidepressants
- Antipsychotics have data for efficacy, but the choice of the agent can be difficult (4)
- This case uniquely shows that lurasidone may be less effective in agitated depression, which may be attributable to the activity of the 5HT-7 receptor
- Olanzapine may warrant further study in the setting of this unique subtype of depression

Conclusions

- Agitated depression can improve with lithium, benzodiazepines, antipsychotics, anti-epileptics and ECT
- Olanzapine is shown to be effective in the treatment of agitated depression
- Lurasidone can worsen agitated depression
- As this subtype of depression increases the risk of suicide, further studies on treatment options are necessary

References

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