

HOW TO ESTABLISH WHAT MEDICATION IS RESPONSIBLE FOR SIDE EFFECTS IN A PATIENT WITH POLYPRAGMASY?

M. Vučić Peitl, E. Pavlović, V. Peitl

*Department for Psychiatry, University Hospital Centre Rijeka, Rijeka, Croatia
marijavp@gmail.com*

Treatment of psychoses calls for use of antipsychotics, often along with antidepressants, mood stabilizers, anxiolytics, hypnotics and certain other medications used to treat various organic illnesses and disorders. Due to the fact that patients are using a number of medications during the treatment it is sometimes very hard to determine what medication is responsible for a certain side effect, taking into account that it can manifest differently in different individuals.

We will present the case of a female patient, M.B., 34 years old, unmarried and retired who is living with her parents. At three occasions until now she has been treated at the Psychiatric Clinic of KBC Rijeka, diagnosed as unspecified schizophrenia (F 20.9). In her treatment during the years she received following medications: Leponex, Cipralex, Xanax SR, Akineton, Moditen depot, Anafranil, Apaurin, Lamictal Euthyrox and Zeldox. During the following ambulatory controls Lamictal was raised to 200 mg per day and she started taking antidepressant Citalon. Psychological condition of the patient improved and she lost 20 kilograms of body mass what she found very satisfactory as previously she gained a lot of weight during the treatment with other psychopharmacs. Gradually, the dose of Leponex was reduced to 25 mg per day. Because the patient was feeling very well the dose of Lamictal was also reduced. With the dose of Lamictal at 100 mg daily, skin lesions which have been under control until then, dramatically worsened. Taking into account that Lamictal is known to cause skin lesions its dose was gradually decreased and at the end discontinued, what in turn caused skin lesions to decrease in size and severity.

We can conclude that Lamictal provoked and induced skin lesions to appear in a greater extent and become more severe than before the initiation of Lamictal, but strangely this kind of worsening of skin lesions was not present during the treatment with higher doses of this medication. What made skin lesions to worsen when the dose of Lamictal was decreased, along with lower doses of other medications, and are these side effects connected with the application of a certain medication? The fact is that when Lamictal was discontinued skin lesions decreased, but we can not confirm