

FLUVOXAMINE - A CLINICAL DILEMMA BETWEEN SIDE EFFECTS AND THERAPEUTIC EFFECT OF DRUG

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Fluvoxamine is an antidepressant drug belonging to the group of selective serotonin reuptake inhibitors (SSRI) drugs. SSRI drugs, in general, selectively block serotonin reuptake on presynaptic and postsynaptic 5-HT receptors. Numerous research and pharmacological studies showed that SSRI antidepressants, particularly fluvoxamine, could exert its activity on 5-HT_{2A} receptors which in turn can lead to increased plasma prolactin (PRL) levels. The mechanism of action is based on serotonergic inhibition of presynaptic and postsynaptic receptors and consequently the central inhibition of hypothalamic-pituitary axis with possible decrease in prolactin concentration in paraventricular nuclei in the brain. The increase in plasma prolactin level which is due to activation of negative biofeedback mechanism of basic hormonal control is clinically manifested as gynecomastia, galactorrhea, amenorrhea, hypogonadism, disturbance of sexual function and osteoporosis. According to international studies fluvoxamine could cause increased concentration in plasma levels of prolactin and galactorrhea in less than 0.1% of clinical cases.

This paper shows a clinical case-report of female patient, age 37, presented with emotionally unstable personality with a long-term history of symptoms of depression and dysphoria and tendency toward frequent suicidal thoughts.

In the course of three-year treatment, the patient's therapy has been modified on several occasions by introducing different antidepressants in combination with anxiolytics and mood stabilizers in the therapy (sertraline, escitalopram, tianeptin, maprotilin). Upon introducing fluvoxamine in patient's therapy (200 mg daily), clinical symptoms improved in terms of significant reduction in symptoms of depression and better everyday social functioning. During the third month of treatment with fluvoxamine patient developed symptoms of bilateral galactorrhea as the only side effect of the drug. Because of the side effect patient was advised to stop taking fluvoxamine which she refused. In order to preserve compliance during further treatment, we have reduced daily dose of fluvoxamine to 100 mg. After reducing the dose of fluvoxamine, the side effect of drug (galactorrhea) subsided and good therapeutic effect of the drug was maintained. Finally, we came to mutual agreement with patient in terms of continuous monitoring of plasma prolactin levels, as well as, detailed follow up of galactorrhea with careful observation of the possible additional side effects of fluvoxamine.