Mediante o exposto, podemos constatar que pesquisas que examinem resultados das crianças com HAF, considerando também concomitante à HVD, avaliando-se os efeitos da história de álcool mediados pela história de violência ou vice-versa, mostram-se de extrema relevância.

Daniela Viganó Zanoti-Jeronymo
Universidade Estadual do Centro Oeste (UNICENTRO), Guarapuava (PR), Brasil
Ronaldo Laranjeira, Neliana Buzi Figlie
Unidade de Pesq uisa em Álcool e Drogas (UNIAD), Departamento de Psiquiatria, Escola Paulista de Medicina, Universidade Federal de São Paulo (UNIFESP), São Paulo (SP), Brasil

Financiamento: Inexistente
Conflito de interesses: Inexistente

Referências

1. Widom CS, Hiller-Sturmhofel S. Alcohol abuse as a risk factor for and consequence of child abuse. *Alcohol Res Health*. 2001;25(1):52-7.
2. Harter ST, Taylor TL. Parental alcoholism, child abuse, and adult adjustment. *J Subst Abuse*. 2000;11(1):31-44.
3. Chermack ST, Stoltenberg SF, Fuller BE, Blow FC. Gender differences in the development of substance-related problems: the impact of family history of alcoholism, family history of violence, and childhood conduct problems. *J Stud Alcohol*. 2000;61(6):845-52.
4. Fuller BE, Chermack ST, Cruise KA, Kirsch E, Fitzgerald HE, Zucker RA. Predictors of aggression across three generations among sons of alcoholics: relationships involving grandparental and parental, child aggression, marital aggression and parenting practices. *J Stud Alcohol.* 2003;64(4):472-83.

An unusual case report: treatment of cocaine-dependent patient with an atypical antipsychotic

Um relato de caso incomum: tratamento de um paciente dependente de cocaína com antipsicótico atípico

Dear Editor,

The patient is a 27-year-old, woman, who was diagnosed with dependence of cocaine as a teenager. She has a history of multiple admissions for clinical treatment and subsequent partial response to antipsychotic medication. Over time, she has been prescribed haloperidol and risperidone. The side effects included lethargy.

On admission, she was expressing rapid discourse, mainly of a persecutory nature. She was started on olanzapine at a dose of 2.5 mg daily, which was increased to 7.5 mg on day 7 and to 10 mg on day 14 (an oral dose administered at night). Her psychotic symptoms did not persist. Routine physical examination and investigations were all within normal limits including liver enzymes. After 6 weeks of a dose of 10 mg/day, her dependence symptoms had returned to their pre-morbid levels.[1]

The neuropharmacological profile of the atypical antipsychotic olanzapine is consistent with a potentially useful medication for cocaine abuse, confirming the hypothesis that patients treated with olanzapine have reduced cocaine craving and abuse. The US FDA has approved a limited number of treatments for alcohol, nicotine and opioid dependence; however, no treatments for other abused drugs such as marijuana, cocaine or methamphetamine are approved.[1] Because cocaine delivers a particularly positive and reinforcing high, most users do not seek treatment voluntarily until the behavioral patterns have resulted in significant impairment in function or health problems. Craving for cocaine is often so intense that an individual needs to be initially entered into residential treatment in order to establish abstinence from the drug. Treatment must be multimodal, including medical, psychological, and social strategies to help the patient establish and maintain abstinence.[2]

The history of hypersensitivity to olanzapine in this patient was exclusio, *included experiences of psychotic in this patients* dementia and the use of other psychotropic medications. Baseline laboratory testing included a chemistry screen, complete blood count, and urinalysis. The patient received urinary pregnancy testing prior to starting medications, and at monthly intervals throughout the study.[3]

As a dopamine antagonist, olanzapine may worsen this hedonic deregulation and this may have made it difficult for olanzapine-treated subjects to remain abstinent.

Risperidone was found to be effective in reducing craving and relapse among cocaine-dependent schizophrenics in an open trial.[2]

Olanzapine was well tolerated. The adverse events reported included: weight gain (40%), drowsiness (40%), constipation (13%), dizziness (10%), dry mouth (7%), nausea (7%), restlessness (7%) and urticaria (3%). But in this case, there were not any of these events. The history of hypersensitivity to olanzapine in this patient was exclusion.[4]

Further studies to clarify this point and the precise pharmacology effect would be helpful. Olanzapine may be superior to traditional neuroleptics for the treatment of cocaine dependence due to its less severe side effect profile.[5] This case was intended to determine if olanzapine showed any promise for the treatment of cocaine dependence. Further controlled research is warranted to more precisely determine the effect of olanzapine in this case.

Carlos Simon Guzman, José Ângelo Barletta Crescente Jr
Psychiatry Institute, Clinical Hospital, Medical School, Universidade de São Paulo (USP), São Paulo (SP), Brazil

Arthur Guerra de Andrade
Psychiatry Institute, Clinical Hospital, Medical School,
Universidade de São Paulo (USP),
São Paulo (SP), Brazil
Department of Psychiatry, Faculdade de Medicina do ABC,
Santo André (SP), Brazil

Financial support: None
Conflict of interests: None

References

1. Guardia J, Segura L, Gonzalvo B, Iglesias L, Roncero C, Cardús M, Casas M. A double-blind, placebo-controlled study of olanzapine in the treatment of alcohol-dependence disorder. *Alcohol Clin Exp Res.* 2004;28(5):736-45.
2. Smelson DA, Ziedonis D, Williams J, Losonczy MF, Williams J, Steinberg ML, Kaune M. The efficacy of olanzapine for decreasing cue-elicited craving in individuals with schizophrenia and cocaine dependence: a preliminary report. *J Clin Psychopharmacol*. 2006;26(1):9-12.
3. Gasquet I, Haro JM, Novick D, Edgell ET, Kennedy L, Lepine JP; SOHO Study Group. Pharmacological treatment and other predictors of treatment outcomes in previously untreated patients with schizophrenia: results from the European Schizophrenia Outpatient Health Outcomes (SOHO) study. *Int Clin Psychopharmacol*. 2005;20(4):199-205.
4. Kenna GA, Nielsen DM, Mello P, Schiesl A, Swift RM. Pharmacotherapy of dual substance abuse and dependence. *CNS Drugs*. 2007;21(3):213-37.
5. Akerele E, Levin FR. Comparison of olanzapine to risperidone in substance-abusing individuals with schizophrenia. *Am J Addict.* 2007;16(4):260-8.