



## ESCITALOPRAM INDUCED HYPOGLYCEMIA IN A 21 YEAR OLD FEMALE- A RARE CASE REPORT

### Psychiatry

|                                    |                                                                                                                   |
|------------------------------------|-------------------------------------------------------------------------------------------------------------------|
| <b>Dr. Parth Nagda</b>             | Senior Resident, Department of Psychiatry, DY Patil Medical College and Hospital, Kolhapur.                       |
| <b>Dr. Ankit Halder</b>            | Junior Resident, Department of Psychiatry, DY Patil Medical College and Hospital, Kolhapur.                       |
| <b>Dr. Dhakshana Pushpanathan*</b> | Junior Resident, Department of Psychiatry, DY Patil Medical College and Hospital, Kolhapur. *Corresponding Author |
| <b>Dr. Navna Panchami</b>          | Junior Resident, Department of Psychiatry, DY Patil Medical College and Hospital, Kolhapur.                       |

### ABSTRACT

Selective serotonin reuptake inhibitors (SSRIs) are associated with many side effects that includes metabolic side effect as well as cognitive side effects. Hypoglycemia due to SSRIs mostly Escitalopram is very rarely reported in literature. Psychiatrists should be aware of this while prescribing such medications that will improve treatment compliance and management.

### KEYWORDS

Escitalopram, Hypoglycemia, Compliance.

### INTRODUCTION

Selective serotonin reuptake inhibitors (SSRIs) are those that affect the level of serotonin in the brain. As reduced serotonin levels have been associated with depression, SSRIs are commonly used to treat depression, anxiety disorders[1]. Although these agents are generally well tolerated, many adverse effects have been reported that includes nausea, insomnia, sedation, sexual dysfunction, weight gain, hyponatremia and extrapyramidal symptoms[2]. SSRIs have also been known to affect glycemic control in diabetic patients, leading to episodes of hypoglycemia and hyperglycemia[3-5]. Here we present a case of 21 year old unmarried female who had Escitalopram Induced Hypoglycemia.

### Case Report

A 21 year old female, college student presented with sad mood, crying spells, anhedonia, reduced interest in work with reduced sleep and appetite. It was associated with panic attacks and other features of anxiety. Palpitations, tremors and sweating were markedly present during the panic attacks but no history of dizziness. All these started insidiously and are there for last 2-3 years with her parents being separated for last 10 years. The patient had a stressor in the form of strained interpersonal relationship with boyfriend and mother few days back that lead to current exacerbation of symptoms. Hamilton Depression Rating Scale (HDRS) 17 point version revealed a score of 22 and a diagnosis of Major Depressive Disorder with Anxious Distress was given according to DSM 5 criteria. She had no history of diabetes mellitus or any other medical co morbidity. She was put on Escitalopram plus Clonazepam (10+0.25) mg with Lamotrigine 50 mg. In the following visit after partial relief of symptoms Mirtazapine was added in the dosage of 7.5 mg and Escitalopram was made to 20 mg. The patient complained of dizziness during these follow ups. In the subsequent follow ups her depressive symptoms reduced but dizziness persisted. Her Fasting Blood Sugar came 63 mg/dl and Post Prandial Blood Sugar was 89 mg/dl. Other blood investigations were all within normal limit. Medical opinion was sought and a diagnosis of Escitalopram Induced Hypoglycemia was made. Escitalopram was slowly tapered off and Mirtazapine was made to 15 mg and Lamotrigine was kept was 50 mg. She was reviewed following a month, HDRS 17 gave a score of 6 and dizziness was reduced significantly, FBS came as 110 mg/dl and PPBS came 135 mg/dl.

### DISCUSSION

In our case the patient did not have any prior history of diabetes mellitus or any other metabolic diseases. Hypoglycemia was detected clinically mostly manifesting as dizziness and confirmed by blood sugar testing. It significantly improved following stoppage of Escitalopram. So the diagnosis of Escitalopram Induced Hypoglycemia was made. Antidepressants, including SSRIs and tricyclic antidepressants, have been found to interfere with blood glucose metabolism, increasing the risk of hypoglycemic episodes[6].

Several reports have implicated antidepressants, especially SSRIs, in the development of clinically relevant hypoglycemia in diabetic patients[3-5]. SSRI-induced hypoglycemia in nondiabetic individuals is more rare, with only few case previously reported in the literature[6,7].

### CONCLUSION

Escitalopram Induced Hypoglycemia is very rare and first of such case reported in a non diabetic patient. Clinicians should be careful regarding this while prescribing Escitalopram or any SSRI and monitor the symptoms for hypoglycemia during follow up visits for better care and management.

### REFERENCES

- Herrmann N. Use of SSRIs in the elderly: obvious benefits but unappreciated risks. *Can J Clin Pharmacol*. 2000;7(2):91-95.
- Burke WJ, Schultz SK, Smith M. Management of anxiety in late life. *Ann Longterm Care*. [www.annalsoflongtermcare.com/article/3394?page=0,1](http://www.annalsoflongtermcare.com/article/3394?page=0,1). Accessed February 15, 2012.
- Derijks HJ, Meyboom RHB, Heerdink ER, et al. The association between antidepressant use and disturbances of glucose homeostasis: evidence from spontaneous reports. *Eur J Clin Pharmacol*. 2008;64(5):531-538.
- Deeg MA, Lipkin EW. Hypoglycemia associated with the use of fluoxetine. *West J Med*. 1996;164(3):262-263.
- Takhar J, Williamson P. Hypoglycemia associated with high doses of sertraline and sulphonylurea compound in a noninsulin-dependent diabetes mellitus patient. *Can J Clin Pharmacol*. 1999;6(1):12-14.
- Pollak PT, Mukherjee SD, Fraser AD. Sertraline-induced hypoglycemia. *Ann Pharmacother*. 2001;35(11):1371-1374.
- Zammit P. SRI-induced hypoglycemia causing confusion in a nondiabetic octogenarian. *Annals of Long-Term Care*. 2012 Mar;20:28-30.