Hypomanic and manic episodes in Obsessive-Compulsive Disorder patients without bipolar history treated with antidepressants: a systematic review.

Bertolin S(1,2), Real E(1,2,3), Alemany M(1,2), Alonso P(1,2,3,4), Segalàs C(1,2,3), Crespo JM(1,2,3,4), Menchón JM(1,2,3,4)

(1) Bellvitge University Hospital, Department of Psychiatry, Barcelona, Spain
(2) Bellvitge Biomedical Research Institute-IDIBELL, Barcelona, Spain
(3) Carlos III Health Institute, CIBERSAM Centro de Investigación en Red de Salud Mental, Barcelona, Spain
(4) University of Barcelona, School of Medicine, Department of Clinical Sciences, Barcelona, Spain

INTRODUCTION

Obsessive-compulsive disorder (OCD) is a chronic disorder that can cause a significant impairment in the subject functionality. The lifelong prevalence is around 2.3% of general population. For treatment, both psychotherapeutic techniques and high doses of antidepressants are used [1]. Switch to manic episodes is described in unipolar depressed patients, but seems to be different with different class and doses of antidepressants (AD). Switch are reported more often with Tetracyclic Antidepressants than with Selective Serotonin Reuptake Inhibitors (SSRIs) [2]. Due to the high doses used in OCD, also manic symptoms could appear as described in some case reports, suggesting an underlying presence of bipolar disorder [3]. The first aim of this systematic review was to identify potentially putative AD identified in the literature associated with manic episodes in OCD patients without bipolar history, and to describe related clinical features.

METHODS

Systematic research following PRISMA guidelines was made in Medline and PsycINFO since January 2018. Other references found in the literature reviewed were examined. All methodological studies were accepted, written in English or Spanish. The papers may analyse the maniac episodes induced by an antidepressant agent given for treated OCD adult patients. Cases with bipolar history were excluded. Clinical and demographical characteristics and antidepressant characteristics (class, dose and time of exposure before switch) were extracted systematically. Descriptive statistics were used to summarized de data. Due to the clinical and methodological heterogeneity of the searches, a metaanalysis cannot be made.

RESULTS

The initial search found one hundred thirty six papers from which seventeen publications met the inclusion criteria. Practically the totally of the papers included were case reports, no randomized studies were found. Twenty-seven hypomania/mania episodes occurred in twenty-three patients. The 59.3% of hypomania or mania episodes were developed with SSRIs agent (Fluoxetine was the most reported) and others with Clomipramine. In a non negligible frequency of the time, mania or hypomania appeared when the AD was recently added (before than 12 weeks). In that case, Clomipramine seemed to be more prevalent that in cases where the switch occurred after 12 weeks of titration of AD drug. The majority of the OCD patients took higher doses than those used in other anxiety or affective disorders rather (Table 1). Manic symptoms remitted after discontinuation or decreasing the dose of the AD and in some cases, with the addition of neuroleptic or mood stabilizer treatment. OCD patients had a high rate of response to the AD agents. Comorbid depressive symptoms also improved when they were present.

CONCLUSIONS

To our knowledge this is the first systematic review studying switch to mania in non-bipolar OCD patients. The most common class of AD associated to manic episodes were SSRIs, and specially Fluoxetine. However, Clomipramine was a faster agent to switch to mania in these patients. The casual relationship between different AD and hypomania or mania episodes in OCD patients cannot be made, but as other authors describe, some OCD patients may have a vulnerability to develop bipolar symptoms. Some common brain circuits were described between OCD and bipolar disorder [4].

Bibliography:

Contact details: sara.bertolin@bellvitgehospital.cat