LETTERS TO THE EDITORS

Misuse of sibutramine and bulimia nervosa: a dangerous combination

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Currently, the patient is being treated with cognitive-behavioral therapy, nutritional counseling, and topiramate 800 mg/day plus quetiapine 100 mg/day. With this approach she has achieved longer periods of sibutramine abstinence, remission of psychotic symptoms, fewer bulimic episodes, and less weight fluctuations. However, she still has problems with her eating patterns and body image.

This case brings an important and rarely discussed issue to the fore: the dangerous combination between sibutramine and BN. It suggests that patients with BN may occasionally take high doses of sibutramine as a compensatory behavior, which can place them at added risk of developing neuropsychiatric adverse effects (considered rare when the medication is used properly). We highlight two critical points for clinical practice: 1) it is important to consider sibutramine misuse when patients with eating disorders present with atypical psychiatric symptoms; and 2) as many bulimic individuals are overweight or obese, and since weight loss is the main motivation for them to seek for medical care, it is important to actively investigate eating patterns, body image complaints, and engagement in compensatory behaviors before prescribing sibutramine.

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Disclosure

The authors report no conflicts of interest.

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