

**Hypomanic episode secondary  
to sibutramine in a patient with  
type-I bipolar disorder**

**Episódio hipomaniaco secundário ao uso  
de sibutramina em paciente com transtorno  
bipolar do tipo I**

Dear Editor,

A possible interaction between sibutramine and hypomanic state is reported in a previously normothymic patient with type-I bipolar disorder (DSM-IV diagnostic criteria).

J.G.S. is a 27-year-old single white woman with a five-year history of bipolar type-I disorder. During the last 18 months she

remained completely asymptomatic under carbamazepine (1000 mg/daily; blood level: 7.8 mg/L) and risperidone (2 mg/daily). In order to reduce her overweight (body-mass index = 32.40 kg/m<sup>2</sup>), sibutramine was introduced (10 mg/daily) and was increased to 15 mg/daily after a week. Two weeks later, she presented irritable reactions when her behavior and whereabouts were questioned, increased energy with frenzied activity and pressured speech. Mental status examination did not demonstrate inflated self-esteem, psychomotor excitement or flight of ideas [Young Mania Rating Scale (YMRS) = 15 points; 17-item Hamilton Rating Scale for Depression (HRSD) = 8]. Laboratory work-up, including complete blood count, renal, liver and thyroid function tests, was unremarkable.

There was no previous history of substance abuse or another medical disorder. She has an uncle with history of type-I bipolar disorder. Her first manic episode occurred when she was 17 years old, without concomitant use of antidepressants. Since then, she has presented many hospitalizations due to manic and depressive episodes. These episodes occurred seven and three times, respectively, since the onset of the disorder. Mixed episodes never were observed. One of the manic episodes (YMRS = 51 points) occurred after one week under fluoxetine 60 mg/daily and carbamazepine 1000 mg/daily (blood level: 10.0 mg/L) during a depressive state (HRSD = 23).

She also used lithium carbonate (600 mg/daily), but the patient complained about intense shivers and sedation under valproic acid (1000 mg/daily).

With sibutramine withdrawal, increasing the dosage of carbamazepine to 1200 mg/daily (blood level: 9.0 mg/L) and introduction of clonazepam (1 mg/day), 12 days later, on discharge, her score on the YMRS had dropped to seven.

Therefore, we hypothesized that sibutramine may be responsible for the hypomanic symptoms in our bipolar patient due to: 1) the temporal relation between the sibutramine introduction and the onset of hypomanic state; 2) and its remission after drug's withdrawal.

## Discussion

Sibutramine is a  $\beta$ -phenylethylamine indicated for the management of obesity. It is recommended for obese patients with an initial body-mass-index  $\geq 30$  or  $\geq 27$  in the presence of other risk factors.<sup>1,2</sup> Sibutramine is a satiety-inducing serotonin/norepinephrine reuptake inhibitor that acts predominantly via its primary and secondary metabolites.<sup>1,2</sup> It provides a mean weight loss of approximately 5 kilograms during 1 year when compared with placebo.<sup>2</sup> Although it can be hypothesized that sibutramine may act in a similar way to other serotonin reuptake inhibitors in inducing hypomania/mania in predisposed individuals, there is only one report in the literature associating a mania episode and this drug, in spite of another case report showing hypomania secondary to sibutramine-citalopram interaction.<sup>3-5</sup>

Despite the obvious severe limitations inherent to case reports in general, the present work suggests a possible relation between hypomanic symptoms and the use of sibutramine. Future clinical studies are needed to confirm this interaction, mainly in psychiatric patients who have shown obesity and glucose intolerance more frequently.<sup>5</sup>

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## Disclosures

Writing group member	Employment	Research grant <sup>1</sup>	Other research grant or medical continuous education <sup>2</sup>	Speaker's honoraria	Ownership interest	Consultant/ Advisory board	Other <sup>3</sup>
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\* Modest

\*\* Significant

\*\*\* Significant. Amounts given to the author's institution or to a colleague for research in which the author has participation, not directly to the author.

Note: UFMG = Universidade Federal de Minas Gerais.

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