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Letter to Editor

SSRI-induced Mania in a Child

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Prescriptions for selective serotonin reuptake inhibitor (SSRI) for children and adolescents have increased greatly, despite a paucity of demonstrated safety and efficacy data and a lack of clear guidelines.[1] We are reporting the occurrence of a "manic switch" in a child treated with sertraline, that suggests that caution is warranted in the use of such medication in the pediatric age group.

The case

A 9-year-old boy with uneventful developmental history, easy temperament and no significant past or family history of mental illness or suicide presented to our clinic with an acute onset illness of 2 months duration that was precipitated by altercation with a peer. Detailed psychiatric evaluation revealed that he had pervasive sadness of mood, anxiety, preoccupation with the precipitating event, and decreased appetite and sleep. He would frequently weep, had decreased self-esteem and diminished interest in playing with peers and watching television. He had stopped going to school. A diagnosis of major depressive disorder (according to DSM-IV) was made and he was started on tablet sertraline 12.5 mg/day, which was increased to 50 mg/day over 1 week. An improvement of 40-50% was noted over the next four weeks in symptoms related to low mood, preoccupation with stressor, and loss of interest. He also resumed going to school.

After about 2 weeks, he was observed to be cheerful, jocular, energetic, overdemanding, obstinate, aggressive, overtalkative and to have increased self-esteem. He also had reduced sleep and increased appetite. He was not able to concentrate in studies and disturbed his colleagues in school. His diagnosis was revised to Bipolar disorder (NOS) current episode mania without psychotic symptoms. Sertraline was stopped and lorazepam 2 mg/day (in divided doses) was started. His symptoms resolved completely within one week.

Discussion

An incidence rate of 30% has been reported for SSRI-induced switch in children in an open-label study.[2] Earlier publications document the occurrence of switch within 2 days to 8 weeks of initiation of SSRI use. A 'dose-response' association is suggested in a few reports.[3-5] Symptoms usually resolve after stopping or reducing the dose of the medication.

The presence of temporal association between the use of sertraline and onset as well as offset (without the use of mood stabilizers) of manic symptoms in the absence of family history

of bipolar illness, strongly suggests the possibility of antidepressant-induced switch rather than an independent manic episode in the index case.

Antidepressant induced mania is mostly conceptualized as a secondary mania (i.e., dose related, remediable by drug cessation, not requiring long term treatment), however some authors consider it to be a part of a bipolar diathesis. This duality in concepts is evident in DSM-IV in which antidepressant-induced mania is categorized as a subtype of bipolar disorder and also as a substance-induced mood disorder.[6]

Clinicians using SSRIs in children and adolescents must inform parents about its risk and should closely monitor the subjects, especially if high doses are prescribed. There is also a need for systematic studies to evaluate the incidence and predictors of SSRI-induced switch.

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