

Article: 0327

Topic: EPO03 - e-Poster Oral 03: Oncology and Psychiatry, Pain and treatment options, Women, Gender and Mental Health, Education, Promotion of Mental Health, Ethics and Psychiatry

Serotonin Syndrome During Opioid Therapy - the Underdiagnosed Adverse Interaction and Its Implications for the Management of Chronic Pain

P. Garrido¹, S. Renca², L.A. Oliveira², A. Valentim³

¹Coimbra Hospital and University Centre, Psychiatry Service Chronic Pain Unit, Coimbra, Portugal ;

²Coimbra Hospital and University Centre, Psychiatry Service, Coimbra, Portugal ; ³Coimbra Hospital and University Centre, Anesthesiology Service Chronic Pain Unit, Coimbra, Portugal

The complexity of chronic pain demands interdisciplinary treatment approaches, however, complex analgesic regimens pose risks for potential adverse drug interactions. Effective management of chronic pain is further complicated by the presence of associated comorbidities, especially depression. As a result, is common for these patients to be prescribed opioid analgesics with antidepressant medications. The first ones may significantly affect serotonin kinetics in the presence of other serotonergic agents, increasing intrasynaptic serotonin levels. Serotonin syndrome (SS) is a rare and potentially life-threatening iatrogenic complication of serotonergic polypharmacy. It typically appears after initiation or dose escalation of the offending agent to a regimen that generally includes other serotonergic agents (like antidepressants drugs and opioids) and all drugs that directly or indirectly increase central serotonin neurotransmission at postsynaptic 5-HT_{1A} and 5-HT_{2A} receptors can produce serotonin syndrome. Individual vulnerability appears to play a role in the development of this complication.

Aims

To report a clinical case of SS in a 62-yr-old woman with postmastectomy pain syndrome, resulting from the addition of duloxetine to a medication regimen of sertraline and fentanyl. The review of the literature serves as an overview of the epidemiology, pathophysiology, clinical features, differential diagnosis and prevention of SS.

Methods

Literature review and clinical case description.

Results and Conclusions

To our knowledge, few case-reports have been published including duloxetine as a precipitant agent of SS. Clinicians should be alert to this potential iatrogenic adverse interaction of serotonergic antidepressants with commonly prescribed opioid analgesics in chronic pain patients.