

## Olanzapine-induced psychotic mania in bipolar schizo-affective disorder

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The atypical antipsychotic olanzapine has been reported to induce mania agitation in eight patients with schizo-phrenia [1, 4, 6, 7, 9, 10], and in two patients with nonbipolar schizo-affective disorder [2, 4]. No reports of olanzapine-induced mania in bipolar disorder were found on Medline or on Focus on Psychopharmacology (ISI). A patient with bipolar schizo-affective disorder who had an episode of psychotic mania induced by olanzapine is presented.

A 55-year-old woman with a 20-year history of DSM-IV bipolar schizo-affective disorder, with mainly negative, non-severe symptoms for months, had been treated with haloperidol, 6 mg/d; levopromazine, 100 mg/d; and flurazepam, 30 mg/d for six months. To improve the clinical picture, she was switched without tapering to olanzapine, 20 mg/d, and clonazepam, 2 mg/d. A week later she had severe insomnia, psychomotor agitation, irritability, and hyperactivity. A few days later she was hospitalized for severe aggressivity with staff assaults, megalomaniac delusions, and pressured speech. Olanzapine was discontinued, and she remitted in a few days with valproate, 600 mg/d; haloperidol, 6 mg/d; and lorazepam, 10 mg/d.

Although a spontaneous manic switch cannot be excluded, the close temporal association between the course of psychotic mania and treatment with olanzapine suggests a causal link, together with the short duration of the episode (a spontaneous relapse of psy-

chotic mania is expected to last longer, and not to have such an abrupt onset and termination). The sudden discontinuation of haloperidol is unlikely to have induced a rebound mania, because it has a very long brain half-life [3]. The sedative drugs levopromazine (a neuroleptic) and flurazepam (a benzodiazepine) were substituted by the sedative benzodiazepine clonazepam, preventing a benzodiazepine withdrawal syndrome (which, if severe, might have some manic symptoms). Induction of mania by the atypical antipsychotic risperidone has been reported [5]. Both risperidone and olanzapine have greater serotonin (5-HT<sub>2A</sub>) than dopamine (D<sub>2</sub>) antagonism, but relative affinities for these and other receptors are different [11]. Risperidone can induce mania by 5-HT<sub>2</sub> blockade [8]. Olanzapine might have induced psychotic mania in this case in a similar way.

### REFERENCES

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