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Intermitentno liječenje predmenstrualnog disforičnog poremećaja venlafaksinom

/ Intermittent Venlafaxine Treatment for Premenstrual Dysphoric Disorder

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Uvod: Predmenstrualni disforični poremećaj (PMDD) naziv je za skup psihofizičkih simptoma koji se pojavljuju u oko 5 – 8 % žena prije početka ili tijekom prvih dana menstrualnog ciklusa. Simptomi uključuju depresivno raspoloženje, anksioznost, iritabilnost, promjene apetita, manjak energije, poremećaje cirkadijanog ritma i tjelesne simptome. Patofiziološki, u PMDD-u dolazi do pretjerane osjetljivosti oboljelih na intenzivne hormonske promjene koje kaskadno utječu na serotoninski sustav. Prva linija farmakološkog liječenja jesu selektivni inhibitori ponovne pohrane serotonina (SIPPS). Antidepresivna terapija uvodi se intermitetno (u drugoj polovici ciklusa) ili kontinuirano. S obzirom na to da je u prosjeku antidepresivima

Introduction: Premenstrual dysphoric disorder (PMDD) is the term for a set of psychophysical symptoms that occur in about 5–8% of women before the onset or during the first days of the menstrual cycle. Symptoms include depressed mood, anxiety, irritability, changes in appetite, lack of energy, circadian rhythm disturbances, and physical symptoms. Pathophysiologically, in PMDD there is excessive sensitivity of affected individuals to intense hormonal changes, which in cascade fashion affect the serotonin system. The first-line pharmacological treatment consists of selective serotonin reuptake inhibitors (SSRIs). Antidepressant therapy is introduced intermittently (in the second half of the cycle) or continuously. Given that antidepressants generally require at least one

potrebno barem jedan do dva tjedna za učinak na poboljšanje psihičkog stanja, teorijski bi se intermitetno liječenje PMDD-a moglo provoditi i samo u prvoj polovici ciklusa. Pretragom literature nisu pronađena istraživanja u kojima se antidepresiv propisivao u prvoj fazi ciklusa za simptome PMDD-a. Prikaz slučaja: 33-godišnja pacijentica, neudana, bez djece, boluje od nespecificirane neorganske psihoze. Psihijatrijski se liječi od 2016. godine. Tijekom redovitih pregleda u više se navrata žalila na pogoršanje psihičkog stanja isključivo u predmenstrualnom razdoblju. Uz redovnu terapiju uvedena je povećana doza venlafaksina po shemi: 1,5 tableta od 37,5 mg (ukupno 56,25 mg) od prvog do 15. dana ciklusa, a 1 tableta (37,5 mg) od 16. do 30. dana ciklusa. Pacijentica je na dodatak antidepresiva reagirala povoljno, nije imala nuspojave te je nastavila uzimati venlafaksin prema preporučenoj shemi. Stanje simptoma PMDD-a objektiviziralo se upotrebom ljestvice DSRP (*Daily Record of Severity of Problems*). Zaključak: Antidepresivna terapija za PMDD prema aktualnim se smjernicama uvodi u drugoj polovici menstrualnog ciklusa, a u ovom je prikazu antidepresiv (venlafaksin) uveden u prvoj polovici menstrualnog ciklusa. U pacijentice je postignut povoljan rezultat ovakvog intermitetnog doziranja na simptome PMDD-a.

to two weeks to achieve an effect on improving mental state, in theory, intermittent treatment of PMDD could also be carried out only in the first half of the cycle. A literature search did not identify any studies in which an antidepressant was prescribed in the first phase of the cycle for PMDD symptoms. Case report: A 33-year-old patient, unmarried, without children, has an unspecified non-organic psychosis and has been in psychiatric treatment since 2016. During regular check-ups, she repeatedly complained of a worsening of her mental state exclusively in the premenstrual period. In addition to her regular therapy, an increased dose of venlafaxine was introduced according to the following schedule: 1.5 tablets of 37.5 mg (a total of 56.25 mg) from day 1 to day 15 of the cycle, and 1 tablet (37.5 mg) from day 16 to day 30 of the cycle. The patient responded favorably to the addition of the antidepressant, experienced no side effects, and continued to take venlafaxine according to the recommended regimen. The status of PMDD symptoms was objectified using the DSRP (*Daily Record of Severity of Problems*) scale. Conclusion: According to current guidelines, antidepressant therapy for PMDD is introduced in the second half of the menstrual cycle, whereas in this report the antidepressant (venlafaxine) was introduced in the first half of the menstrual cycle. In this patient, a favorable outcome of this intermittent dosing on PMDD symptoms was achieved.