ESCITALOPRAM FOR PSYCHOGENIC NAUSEA AND VOMITING: A REPORT OF TWO CASES

Wen-Yu Hsu[1,2], Si-Sheng Huang[1,2,3] and Nan-Ying Chiu[1,2,4]

1. Lu-Tung Branch of Changhua Christian Hospital 2. Changhua Christian Hospital 3. Central Taiwan University of Science and Technology
4. Chang Jung Christian University Tainan

scan to download

Introduction

Escitalopram is a selective serotonin reuptake inhibitor (SSRI) that is approved for treatment of major depressive and generalized anxiety disorders. Other indications include social anxiety, panic, and obsessive–compulsive disorders. Escitalopram is a highly selective serotonin reuptake inhibitor, and thus has few side effects related to its serotonergic activity.

Nausea and vomiting are commonly seen in internal medicine. Nausea and vomiting may have iatrogenic, toxic, or infectious causes, or may be due to gastrointestinal disorders, or central nervous system or psychiatric conditions[1]. Leibovichhas defined psychogenic nausea and vomiting as vomiting without any obvious organic pathology or with a psychological etiology[2]. Some psychiatric illnesses, such as depressive, anxiety, panic, psychotic, or obsessive–compulsive disorder, can also produce nausea and vomiting[3].

Many pharmacological agents are available for treating psychogenic nausea and vomiting, including tricyclic antidepressants, trazodone, and mirtazapine. To the best of our knowledge, the two following cases are the first reports of the use of escitalopram for patients with psychogenically based nausea and vomiting.

The first patient was a 46-year-old married factory worker who was repeatedly hospitalized for recurring bouts of nausea and vomiting. After consultation, she was diagnosed with major depressive disorder. The frequency of nausea and vomiting decreased after treatment with daily doses of 10–20 mg escitalopram.

The second patient was a 37-year-old married teacher who had bouts of nausea and vomiting and was also hospitalized repeatedly. She was diagnosed with mixed anxiety–depressive disorder. After treatment with 10 mg/day escitalopram, her episodes of nausea and vomiting decreased.

A detailed description of the case studies can be found in the next section.

Results

Case 1

Presentation

Patient A was a 46-year-old married woman who was brought to our emergency department for treatment of **persistent nausea and vomiting**. A review of her past medical and personal histories showed that she had been married for 20 years. She had worked in her husband's factory since they were first married. She and her husband had adopted two children. Patient A developed diabetes mellitus after using a weight-loss drug when she was 20 years old. She also had a history of hypertension and had taken antihypertensive medication for 8 years. Patient A had experienced bouts of nausea and vomiting for 1 year, and she had been hospitalized five times within 2 months due to recurrent nausea and vomiting.

Diagnosis

When she was interviewed in the emergency department, her anxious mood, crying, childish attitude, and demands for an injection of sedative for her nausea led the emergency room physician to consult us. When we first met with patient A, we noticed her depressive mood. She described her worries about her daughter and son, lack of interest in daily life, multiple somatic complaints, poor appetite, low energy, poor sleep, and feelings of worthlessness, guilt, and hopelessness. She also had suicidal ideation. **We diagnosed her with major depressive disorder, single episode, with anxiety**.

Treatment

We prescribed **10–20mg/day escitalopram** for her depression and 2 mg/day lorazepam to be taken at bedtime for her insomnia. She also received brief supportive psychotherapy at every psychiatric outpatient visit.

Progress

After using escitalopram for 4 weeks, her bouts of nausea and vomiting occurred less frequently, and were less worrisome to her. After 7 weeks of escitalopram treatment, she was able to begin working in their factory again and she could also do some housework. After 8 months of follow-up in our outpatient service, patient A had had **only a few episodes of nausea and vomiting and no hospitalizations**.

Case 2

Presentation

Patient B was a 37-year-old married teacher who was admitted to our gastrointestinal ward after **repeated complaints of nausea and vomiting**. Her gastroenterologist consulted us because the patient had frequent nausea and vomiting but no specific physical findings related to her complaints. She had her first severe nausea and vomiting episode 4 years ago, during the first trimester of pregnancy. Her nausea and vomiting subsided after she received therapy with Chinese traditional herbal medicine. However, severe vomiting returned when she gave birth. She was hospitalized on the internal medicine ward four times and sent to the emergency department seven times within 5 months.

Diagnosis

When we interviewed her, patient B denied having a low mood or lack of interest during the first interview in the internal medicine ward. She admitted having a poor appetite, mild abdominal pain, and insomnia. After we established a better rapport, she revealed that she felt increasing stress as each weekend approached due to the need to care for her children and the lack of support from from her family members. During visits to the psychiatric outpatient department, she revealed that she had dysphoric mood, anxiety, poor sleep, somatic complaints, and low self-esteem. **Mixed anxiety–depressive disorder was diagnosed**.

Treatment

We prescribed **10 mg/day escitalopram**, with 2mg lorazepam to be taken at bedtime for her insomnia. She received brief supportive psychotherapy at every visit to our psychiatric outpatient service.

Progress

After 1 week of medication, she was less tense and her sleep improved. The **frequency of nausea and vomiting decreased** to twice per month.

Conclusions

- Nausea and vomiting cause discomfort, and repeat episodes of nausea and vomiting without an obvious organic cause are distressing to patients and their families.
- Escitalopram was effective for lessening bouts of psychogenic nausea and vomiting in our two patients.
- Although both patients had taken lorazepam for insomnia, it had a limited effect on nausea and vomiting. Lorazepam is a short-acting benzodiazepine with a half-life < 12hours. Therefore, its impact on nausea and anxiety during the daytime was limited in our patients.
- Brief supportive psychotherapy might have played a role in the successful treatment. However, as a recent study has noted, in the first few weeks of treatment for depression, pharmacotherapy is superior to short-term psychodynamic supportive psychotherapy[4].
- The pharmacological effects of escitalopram on the limbic system[5], its low affinity for serotonin-3 in the upper gastrointestinal tract[6], and its low esophageal sensitivity[5] might be possible mechanisms for symptom improvement.
- Collectively, we suggest that escitalopram is effective for treating patients with psychogenic nausea and vomiting.
- Larger clinical trials will be needed to define the mechanisms of action of escitalopram and to support its efficacy.

References

1. Talley NJ. Aust Fam Physician 2007;36:694–7
2. Leibovich MA. Psychother Psychosom 1973;22:263–8
3. Muraoka M et al. Gut 1990;31:526–8
4. Dekker JJ et al. J Affect Disord 2008;109:183–8
5. Hsu WY et al. J Formos Med Assoc. 2011;110(1):62-6
6. Huska MT et al. CNS Spectr 2007;12:270–4