

New Treatment Strategies of Dissociative Symptoms in Bipolar Disorder: Three Case Report with Literature Review.

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Objective: Depersonalization (DP) and derealization (DR) may be detected both in healthy and pathological conditions, but the prevalence and clinical correlates of dissociative symptoms in bipolar disorder have received limited attention in literature (1). The aim of this study is to discuss new treatment possibilities of derealization and depersonalization in bipolar disorder.

Method: We describe three different case reports of bipolar disorder patients with depersonalization and derealization. Case 1: M.P., 26 years old, lamotrigine (100 mg) augmentation with ziprasidone (40 mg); Case 2: C.A., 32 years old, lamotrigine (100 mg) augmentation with quetiapine ER (150 mg); Case 3: M.M., 38 years old, lamotrigine (100 mg) augmentation with aripiprazole (5 mg).

Conclusion: The addition of aripiprazole, quetiapine and ziprasidone in RP lamotrigine lead to a resolution of dissociative symptoms, most likely due to stimulation of serotonin. It is possible that partial agonism at the 5-HT_{1A} receptor has been postulated as a potential therapeutic mechanism in the alleviation of depression, anxiety, negative symptoms, and extrapyramidal side effects [3] and the blockade of postsynaptic 5-HT_{1A} receptors may impart complementary anxiolytic properties, facilitate cortical and hippocampal glutamatergic [3,4]. Further research is warranted to replicate our clinical observations and, in general terms, controlled studies are needed to confirm the efficacy of this treatment.

Reference(s)

- [1] Mula, M., et al., 2010.
- [2] Sierra, M., 2008.
- [3] Millan, M.J., 2000.
- [4] Faruk Uguz et al., 2014.