
CASE REPORT

Mania Induced by Olanzapine

A case of mania induced by the atypical antipsychotic olanzapine in a schizoaffective woman is presented. Only one similar case was found on MEDLINE (London, 1998).

A 60-year-old woman, with a 40-year-history of DSM-IV schizoaffective disorder, had delusions of poverty, hypochondriacal and nihilistic delusions, and hallucinations (voices), with superimposed major depressive episodes. She had never had manic episodes. During the last 3 years delusions and hallucinations had not responded to different antipsychotics, including risperidone (8 mg/day). Then, after the gradual discontinuation of risperidone in a few weeks, olanzapine was started, 10 mg/day. A few days after the start of olanzapine she had hyperactivity, pressured speech, marked irritability, severe insomnia, and violent behaviour. Increasing the dose to 20 mg/day worsened the manic symptomatology during the following weeks (delusions and hallucinations did not change). Adding chlorpromazine 200 mg/day, and lorazepam 4.5 mg/day for a few weeks, did not improve the picture. Then, olanzapine was discontinued, continuing treatment with chlorpromazine and lorazepam. In 48 h mania improved dramatically: sleep became normal, pressured speech and violent behaviour disappeared, hyperactivity and irritability became much less severe. Improvement persisted during the following weeks. She had been taking no other drugs.

The close temporal association between the course of mania and treatment with olanzapine suggests a causal link. As she had never had past manic episodes, and new onset mania is rare in late life, a spontaneous switch is unlikely. Induction of mania by the atypical antipsychotic risperidone has been reported (Lane *et al.*, 1998; Dwight *et al.*, 1994; Barkin and Pais, 1997; Schnierow and Graeber, 1996; Koek and Kessler, 1996; Diaz, 1996). Both risperidone and olanzapine have greater serotonin (5-HT_{2A}) than dopamine (D₂) antagonism, but relative affinities for these

and other receptors are different (Tran *et al.*, 1997). Olanzapine, like risperidone, has been reported to have antidepressant effects (Tollefson *et al.*, 1997; Tohen and Zarate, 1998). Risperidone can induce mania by 5-HT₂ blockade (McElroy *et al.*, 1996). Olanzapine might have induced mania in this case in a similar way.

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