

Letters to the Editor

Sirs,

Ondansetron inhibits seizure activity with electroconvulsive therapy: a case report

Ondansetron is an antagonist at postsynaptic serotonin type 3 (5HT₃) receptors. It is widely used as an anti-emetic, both in oncology and postoperatively (Wilde and Markham, 1996). Anticonvulsant effects of ondansetron were suggested by the ability of ondansetron to attenuate alcohol withdrawal seizures in rats (Kostowski *et al.*, 1994). Granisetron, another 5-HT₃ antagonist, however, showed no effect on reflex epilepsy in the gerbil (Cutler and Piper, 1990). Rare case reports of ondansetron-associated seizures have, however, appeared (Sargent *et al.*, 1993). Ondansetron has been shown to have a modulatory effect on GABA receptors that may underlie its effect on the seizure threshold (Ye *et al.*, 1997). We present a case of possible ondansetron-associated inhibition of electroconvulsive therapy induced seizures.

The patient was a 43-year-old female with recurrent major depressive disorder who failed to respond to initially lofepramine 140 mg daily for 3 months and thereafter venlafaxine 300 mg daily for 6 weeks. Her physical examination and investigations including CT head scan, thyroid function and menopausal hormonal screen, were normal. Four ECT treatments were administered. Anaesthetic agents used for all treatments were thipentone sodium (intra-venal) 250 mg and suxamethonium (scoline) 50 mg. The electroconvulsive charge was supplied by a duopulse (ectron) machine. The application was bilateral for 3 s. During the course of ECT, she continued to receive venlafaxine 300 mg daily, hydroxyzine 25 mg TDS and clothiapine 40 mg nocte per os.

During the first treatment, a satisfactory tonic clonic seizure lasting 30 s, was induced. The

patient, however, complained of postoperative nausea. Prior to the second and third treatments, ondansetron 8 mg was given intravenously. Despite two applications of a 3 s charge on both occasions, no seizure was obtained. The ondansetron was omitted prior to the fourth treatment and a satisfactory tonic clonic seizure of 40 s was induced.

This report indicates that ondansetron may have anticonvulsant effects, and suggest that the agent should be used with caution as an anti-emetic prior to ECT. Further controlled data regarding this property would be useful.

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