

Letter to editor / Editöre mektup**Emergence of manic episode as a result of the treatment of antiviral agent named forcarnet in a patient used after kidney transplantation****Filiz İZCİ,¹ Engin Emrem BEŞTEPE¹**

Dear Editor,

Several pharmacological treatments used in internal medicine can induce psychiatric side effects that mimic diagnoses seen in psychiatry. The manic episode, which is one of the psychiatric symptoms, may occur secondary to a medical illness or drug use. Mania can occur by chance association during drug treatment, particularly in patients predisposed to mood disorder. Drugs which are probably capable of inducing mania, but for which the evidence is less scientifically secure, include other dopaminergic anti-Parkinsonian drugs, thyroxine, iproniazid and isoniazid, sympathomimetic drugs, chloroquine, baclofen, alprazolam, captopril, amphetamine and phencyclidine.¹ One of these drugs that foscarnet is being extensively used for the treatment of cytomegalovirus infections, both in patients with AIDS and in other immune-suppressed populations.²

A 37 year-old male patient, staying in nephrology ward had complaints of hiperactivity, increase in energy and libido, insomnia, irritability, decrease impulse control and frustration tolerance three days after the treatment of foscarnet. Psychiatry consultation was requested. According to the history taken from relatives and himself; one year ago he had kidney transplantation operation. He was hospitalized recently because of increase in levels of BUN and creatinine. His treatment was regulated and one of his drugs was changed with antiviral agent-celled forcarnet. They said that three days after this change he started to suffer from these symptoms. In psychiatric evaluation: He was conscious, oriented and partially cooperated. He was responding questions with quick, short and messy answers. His associations were loosened, speech rate was increased. Psychomotor activity, distractibility was increased. His mood was euphoric. He had grandious delusions. It is said that he had never experienced psychiatric complaints before. As psychological tests YMRS and MMSE was administered, found to be 30 and 25, respectively. His neurological examination was normal. In his physical examination apart from nephrological values; complete blood count, blood glucose level, liver function tests, tiroid hormone levels, levels of vitamin B12 and folic acid were all in normal range. As psychiatric treatment medication of olanzapine 5 mg/day and lorazepam 2.5mg/day was regulated. He was planned to be observed daily. After renal transplantation, many patients experience adverse effects from maintenance immunosuppressive drugs.³ There have been reported cases of depressive mood with antiviral drugs used for immunosuppressive purposes. These were mostly observed with INF-alpha.^{4,5} In our case, mania was observed with foscarnet. Common central nervous system symptoms associated with foscarnet therapy are headache, tremor, irritability, seizures, and hallucinations.⁶ However in our case; different from these central nervous system side effects we observed mood changes pointing manic episode. We wanted to take attention to the point that; psychiatric disorders may be seen secondarily to treatment of medical disorders with steroids, immune suppressive agents and some antibiotics and also antiviral agents.

¹ İstanbul Erenkoy Training and Research Hospital for Psychiatry, Department of Psychiatry, İstanbul, Turkey
E-mail: filizizci@yahoo.com

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