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ANTIDEPRESSANTS RISKS ADVERSE HEMATOLOGICAL EFFECTS

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Introduction: Numerous reports have pointed out the risks adverse hematological effects associated with psychotropic drugs. We report a severe case of thrombocytopenia in a healthy 79 year-old patient happened after mirtazapine administration. Suggesting an immune mechanism.

Objetives: Report a case of mirtazapina-induced inmuno tromnbocitopenia, review of bibliography and to propose monitoring and management strategies.

Aims and methods:

Care report: PPD (n^oHC 16996) treatment with mirtazapina 15 mg/d.Clinical: equimosis cutaneous multiple. Without focalidad. From the point of view etiológico discards organicity (aplasia megacariocítica, processes linfoproliferativos and infectious). An analytical previous examination supports normal platelets until April, 2009, in February the dose doubles from 15 to 30 mg (of mirtazapina). Fatal conclusion: exitus for hemorrhage intracranial in September, 2009. Clinical judgment: Several Trombopenia, uncertain origin.

Literature review: The first well-documented case of mirtazapine-induced immune thrombocytopenia is "Glycoprotein IIb/IIIa complex is the target in mirtazapine-induced immune thrombocytopenia" (Blood Cells, Molecules, and Diseases, 2003).The analysis "Proportion of drug-related serious rare blood dyscrasias" (American Journal of Hematology, 2004) suggests that a substantial fraction of blood dyscrasias may be attributable to drug therapy.

Results: Hematologic side effects from psychotropics may present as serious or even fatal consequences of treatment. Incidences of hematological changes for antidepressants were much lower (about 0.01 %).

Conclusions: Before initiating therapy with antidepressants, a carefully case history, with special attention to heart disease, family record and medical treatments, should be obtained. Clinical best practice regarding the safe and effective use of psychotropic medications is based on appropriate monitoring of drug-related problems.