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Faces and Shadows: Cabergoline-Induced Acute Psychosis in a Woman with no Previous Psychiatric History

To the Editor,

Cabergoline is a potent dopamine receptor agonist on D2 receptor and primarily used for the treatment of disorders with hyperprolactinemia, as a result of idiopathic effect or prolactinoma. Antipsychotic drugs may also lead to hyperprolactinemia due to their D2 dopamine receptor binding characteristics. Psychiatric side effects including somnolence, depression, anorexia, anxiety, and pathological gambling have been reported for the patients treated by cabergoline[1]. However, psychosis is uncommonly encountered as a result of cabergoline use. It has been only reported for the patients suffering undiagnosed depression and schizophrenia[2,3]. This report describes a case of cabergoline-induced transient psychosis in a woman with no previous psychiatric disorder history.

A 24-year-old married woman with a known case of idiopathic hyperprolactinemia (70 ng/ml) on cabergoline therapy for 3 weeks (0.5 mg twice weekly), consulted her family doctor with complaints of headache, photophobia, and uncontrollable anger attacks. The magnetic resonance imaging (MRI) of the brain, taken 3 weeks ago, was unremarkable. General physical and neurological examination findings were found to be normal. Besides that, results of thyroid function tests and other routine laboratory tests were also found to be normal except for the increased erythrocyte sedimentation rate. Despite the fact that she had been referred to an outpatient clinic for further investigation, she did not accept psychiatric referral. Five days after the initial admission, the patient again consulted her doctor with complaints of psychotic symptoms including delusions and visual hallucinations. She reported that she had seen similar faces at different places temporarily, and occasionally shadows behind her, as if she was being watched. Her husband reported that he had once found the patient sitting up with blank stares, and she could not remember what had happened. The patient rejected the physician's suggestion of a psychiatric referral, whereupon her doctor got in contact with a pharmacologist for drug information and its possible adverse effects. Since the complaints began soon after the initiation of drug therapy, a provisional diagnosis of drug-induced psychosis was established, and cabergoline was discontinued. After the first week of cabergoline discontinuation, her psychotic symptoms dramatically improved, and she reported no psychiatric complaints. The patient was then followed-up over 6 months. During this period of time, she did not show any psychotic symptoms and need any psychiatric treatment. Ten months after cabergoline discontinuation, the patient's prolactin level was 70 ng/ml, and she was diagnosed as having euthyroid Hashimoto's thyroiditis.

Based on the current literature, this is the first case of cabergoline-induced acute psychosis in a patient with no previous psychiatric history. The case reports do not allow to reach any strong conclusions. However, this report may come in useful to increase the awareness of substance/medication-induced psychotic disorder psychosis and the possible adverse effects of cabergoline.

Keywords: *cabergoline, acute psychosis, adverse effect*

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Priapism Associated with Aripiprazole and Quetiapine in an 8-Year-Old Boy with Autism

To the Editor,

Priapism is defined as the painful and prolonged state of penile erection in the absence of any sexual desire and arousal. It is one of the most serious and relatively rare adverse effects of the psychotropic medications and needs immediate attention as it can lead to long-term devastating consequences such as impotence, urinary retention, and gangrene[1].

Alpha-adrenergic blockage mediated by the alpha receptors in the corpora cavernosa of the penis is thought to be related to priapism associated with antipsychotics[1,2].

Case Presentation

An 8 year-old boy with autism spectrum disorder, without any other medical disease, presented to our clinic with irritability, hyperactivity, and peer relationship problems. He had been on medication with risperidone before, but discontinued because of decreased responsiveness. He had only been taking quetiapine 25 mg/day for sleep disturbance for 6 months.

Aripiprazole 2.5 mg was started and the dosage was increased to 5 mg after one week. He also continued to take quetiapine in the same dosage. In the second week, family requested an urgent visit because of spontaneous, hour–long, recurrent, painful penile erections. No other adverse reactions were reported by the parents. Urology consultation was requested and priapism was diagnosed, but no medical intervention was needed. It was thought to be related with aripiprazole combination and the medication was stopped (Naranjo ADR probability scale score was +8). In a few days after stopping aripiprazole, priapism spontaneously disappeared, while the patient continued with quetiapine 25 mg/day.

Discussion

Priapism has been associated with nearly all the atypical antipsychotic medications. It is relatively well documented in adults, but reports in children are sporadic. According to literature review, there are only two cases of priapism in children with aripiprazole use and only one case with quetiapine. Negin and Murphy[3] reported priapism in an adolescent after addition of oxcarbazepine to the patient's existing regimen of aripiprazole and lithium. Goetz and Surman[4] reported prolonged penile erections associated with the use of atomoxetine and aripiprazole in an 11 year-old boy and Baytunca et al. reported priapism in a 13 year-old boy with quetiapine and oros methylphenidate to the best of our knowledge, this case os the first report, of priapism in a child with aripiprazole and quetiapine, and as it is tought to be related with combination therapy, it may indicate the potential risk for priapism in pediatric use of aripiprazole and quetiapine together.

Clinicians should be aware of such rare side affects