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Hiponatrijemija kao nuspojava antidepresiva / *Hyponatremia as an Adverse Effect of Antidepressants*

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KLJUČNE RIJEČI / *KEYWORDS*:
ijatrogena hiponatrijemija / *iatrogenic hyponatremia*
nuspojava / *adverse effect*
antidepresivi / *antidepressants*
SNRI / *SNRIs*
venlafaksin / *venlafaxine*

TO LINK TO THIS ARTICLE: https://doi.org/10.24869/spsih.2026.226

Hiponatrijemija uzrokovana antidepresivima poznata je i ozbiljna nuspojava lijekova iz skupine antidepresiva, posebice onih iz skupina SSRI, poput sertralina i fluoksetina, te SNRI, poput venlafaksina i duloksetina. Može se manifestirati simptomima poput umora i smetenosti, a u težim slučajevima može doći i do epileptičkog napadaja. U radu je prikazan slučaj 89-godišnje pacijentice kod koje se razvila hiponatrijemija kao nuspojava antidepresiva te su prikazane najnovije znanstvene spoznaje o hiponatrijemiji kod antidepresiva s ciljem isticanja važnosti pravodobnog prepoznavanja i zbrinjavanja ove nuspojave. Pacijentica je vozilom Hitne medicinske pomoći upućena iz kronične psihijatrijske ustanove u OHBP KBC-a Rijeka zbog prvog epileptičkog napadaja koji se očitovao smetenošću, tremorom i grčenjem

Hyponatremia caused by antidepressants is a known and serious adverse effect of medications from the antidepressant class, especially those from the SSRI group, such as sertraline and fluoxetine, and the SNRI group, such as venlafaxine and duloxetine. It may present with symptoms such as fatigue and confusion, and in more severe cases can lead to epileptic seizures. This paper presents the case of an 89-year-old female patient who developed hyponatremia as an adverse effect of antidepressant therapy, and outlines the latest scientific findings on antidepressant-induced hyponatremia with the aim of highlighting the importance of timely recognition and management of this side effect. The patient was transported by ambulance from a long-term psychiatric facility to the Emergency Department of the Clinical Hospital Center Rijeka due to a first epileptic seizure, which manifested as confusion, tremor,

cijeloga tijela bez neuroloških deficita. U kroničnoj farmakoterapiji uzimala je venlafaksin, mirtazapin, olanzapin, pregabalin i diazepam. U sklopu laboratorijske obrade verificirana je hiponatrijemija s vrijednostima natrija 115 mmol/L, a slikovne su pretrage pokazale uredan nalaz prsnih organa i CT mozga, na kojemu je uočena klinički irelevantna kalcificirana tvorba. Pacijentici su ordinirani diazepam i metoklopramid parenteralnim putem uz nadoknadu natrija, 300 mL 3 %-tnog NaCl i 500 mL 0,9 %-tnog NaCl. Konzilijarno je pregledana od neurologa, internista i neurokirurga, nakon čega je zaprimljena na Kliniku za neurokirurgiju. Tijekom boravka na Klinici kontinuirano su bilježene niže vrijednosti natrija u krvi te je konzilijarno upućena psihijatru koji je korigirao kroničnu farmakoterapiju, pritom ukidajući venlafaksin. Nakon korekcije farmakoterapije natrijemija je stabilizirana na 140 mmol/L te nisu više nisu zabilježene oscilacije, uz potpuni izostanak epileptičkih napadaja i drugih simptoma. Pacijentica je otpuštena u matičnu bolničku ustanovu s korigiranom farmakoterapijom. Prikazom slučaja upućujemo na važnost pravodobnog prepoznavanja nuspojava antidepresiva u kliničkoj praksi.

and generalized body convulsions without neurological deficits. Her chronic pharmacotherapy included venlafaxine, mirtazapine, olanzapine, pregabalin, and diazepam. Laboratory workup confirmed hyponatremia with a sodium level of 115 mmol/L, while imaging studies showed normal findings of the thoracic organs and brain CT, on which a clinically irrelevant calcified lesion was observed. The patient was treated with parenteral diazepam and metoclopramide, along with sodium replacement using 300 mL of 3% NaCl and 500 mL of 0.9% NaCl. She was evaluated by a neurologist, internist, and neurosurgeon in a consultative setting, after which she was admitted to the Clinic of Neurosurgery. During her stay in the Clinic, persistently low serum sodium levels were recorded, and she was therefore referred for psychiatric consultation. The psychiatrist adjusted her chronic pharmacotherapy, discontinuing venlafaxine. Following this adjustment, natremia stabilized at 140 mmol/L with no further fluctuations, and there was complete cessation of epileptic seizures and other symptoms. The patient was discharged back to her referring hospital with corrected pharmacotherapy. By presenting this case, we emphasize the importance of timely recognition of antidepressant side effects in clinical practice.