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Manična epizoda nakon uvođenja escitaloprama kao prvi pokazatelj bipolarnog poremećaja – prikaz slučaja

/ Manic Episode Following the Initiation of Escitalopram as the First Manifestation of Bipolar Disorder – A Case Report

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Cilj istraživanja: Prikazati bolesnika s inicijalnom prezentacijom unipolarne depresije kod kojega je nakon uvođenja escitaloprama došlo do farmakološki induciranog preokreta (*switcha*) u maničnu epizodu, te analizirati izazove u razlikovanju unipolarne depresije od prve epizode bipolarnog afektivnog poremećaja (BAP). Materijali i metode: Analizirana je medicinska dokumentacija bolesnika koji se prvi put javio na psihijatrijski pregled zbog depresivnih simptoma (sniženo raspoloženje, gubitak interesa, smanjena energija, poremećaj spavanja, poteškoće koncentracije), bez ranijih maničnih/hipomaničnih faza i bez prethodnog psihijatrijskog

Aim of the study: To present a patient with an initial presentation of unipolar depression who, after initiation of escitalopram, developed a pharmacologically induced switch into a manic episode, and to analyze the challenges in distinguishing unipolar depression from a first episode of bipolar affective disorder (BAD). Materials and methods: Medical records were analyzed for a patient who presented for the first time to psychiatric evaluation due to depressive symptoms (low mood, loss of interest, reduced energy, sleep disturbance, concentration difficulties), without previous manic/hypomanic phases and without prior psychiatric treatment. Escitalopram was ini-

liječenja. Inicijalno je uveden escitalopram u dozi od 10 mg/dan. Rezultati: Unutar nekoliko tjedana od uvođenja antidepresiva dolazi do dramatične promjene kliničke slike i razvoja klasične manične epizode (povišeno raspoloženje, smanjena potreba za snom, pojačana energija, ubrzan tijek misli, logoreja, povećano samopouzdanje, impulzivno ponašanje, narušena kritičnost). Zbog progresije simptoma indicirano je bolničko liječenje. Antidepresiv je ukinut, a u terapiju su uvedeni stabilizator raspoloženja i antipsihotik, nakon čega je uslijedilo postupno povlačenje simptoma i stabilizacija stanja. Zaključak: Prikaz slučaja naglašava važnost evaluacije skrivenih rizičnih čimbenika i blagih znakova (*soft signs*) bipolariteta prije uvođenja antidepresiva. Antidepresivom inducirana manija ima visoku dijagnostičku vrijednost u otkrivanju prethodno neprepoznatog bipolarnog poremećaja, a rutinska primjena kliničkih probirnih alata (poput MDQ-a) kod depresivnih bolesnika mogla bi optimizirati terapijski ishod.

tially introduced at a dose of 10 mg/day. Results: Within several weeks of antidepressant initiation, there was a dramatic change in the clinical picture with the development of a classic manic episode (elevated mood, decreased need for sleep, increased energy, accelerated flow of thoughts, logorrhea, increased self-confidence, impulsive behavior, impaired judgment). Due to symptom progression, inpatient treatment was indicated. The antidepressant was discontinued, and a mood stabilizer and an antipsychotic were introduced, followed by gradual symptom remission and stabilization of the condition. Conclusion: This case report highlights the importance of evaluating hidden risk factors and soft signs of bipolarity before introducing antidepressants. Antidepressant-induced mania has high diagnostic value for detecting previously unrecognized bipolar disorder, and routine use of clinical screening tools (such as the MDQ) in patients with depression could optimize therapeutic outcomes.