
Letter

COMORBID IMPULSE CONTROL DISORDER IN BIPOLAR DISORDER: THE ROLE OF ANTIDEPRESSANTS

Behavioral addictions including compulsive buying were reported to be more frequent in bipolar disorder patients than in healthy controls (DiNicola et al. 2010; Kesebir et al. 2011). According to DSM-IV diagnostic criteria, compulsive buying is an impulse control disorder, not otherwise specified and is listed among the impulse control and repetitive behavior disorders in the neurology index (Evans et al.). A relationship has been reported between the daily dose of levodopa or dopamine antagonist treatment and a 10% incidence of such disorders in patients with Parkinson's disease (Lee et al. 2009). Drug induced complications in patients with restless leg syndrome that underwent dopamine agonist treatment were reported (Porchar et al. 2009). The drug doses used to treat both disorders were within the standard treatment range. Etiologically, it is thought that dopaminergic limbic stimuli activate a pathological process in the reward system (Grant et al. 2006; Weintraub et al. 2006). Consistent with this notion, among patients with Parkinson's disease that developed impulse control and repetitive behavioral disorder while receiving dopamine agonist treatment, the DRD3 AA genotype was reported to be an independent risk factor (Lee et al. 2009).

In the present study antidepressant use was more common among bipolar disorder cases that exhibited compulsive buying behavior (Kesebir et al. 2011). It is reported with increasing frequency that the use of antidepressants for the treatment of bipolar disorder has some drawbacks, such as switch, cycle acceleration, and mixed episodes. In addition, many psychotropic drugs that exert their effect via noradrenalin and dopamine may trigger behavioral addictions such as compulsive buying. The aim of this letter was to emphasize the need for controlled studies that address this issue.

In patients that develop compulsive buying behavior as a complication of drug treatment, discontinuation of the drug

is not mandatory. It is recommended that high doses be regulated again while compulsive buying is treated (Weintraub et al. 2009); however, Kimber et al. (2008) reported that 83% of patients with impulse control and repetitive behavioral disorder improved in response to discontinuation of dopaminergic treatment or a dose reduction. In bipolar disorder patients with comorbid compulsive buying, the agent chosen for the treatment of compulsive buying should be a mood stabilizer or atypical antipsychotic with mood stabilizing characteristics. If such patients are currently using such a drug, the dose must be kept at the most efficacious level. In addition, cognitive behavioral treatment is another treatment option proven to be effective for compulsive buying.

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TABLO 1. Atipik antipsikotiklerin alfa1-adrenoreseptör afinitesi.

<i>Atipik Antipsikotik İlaçlar</i>	<i>Alfa1-adrenoreseptör afinitesi*</i>
Ziprasidon	38.5
Risperidon	37.0
Klozapin	14.7
Ketiapin	12.0
Paliperidon	9.9
Aripiprazol	3.9
Olanzapin	1.9

*[10⁷*M⁻¹]. Yüksek değerler yüksek afiniteyi göstermektedir. (Kaynak: Andersohn ve ark. 2010).

TABLO 2. Priapizmle İlişkili Durumlar.

<i>Fiziksel obstrüksiyon</i>	<i>Kan akımında yavaşlama</i>	<i>İlaçlar</i>
Travma	Orak hücreli anemi	Antipsikotikler
Tümörler	Lösemi	Antidepresanlar
Spinal-kord yaralanmaları	Multipl myelom	Antikoagülanlar
İnme	Nefrotik sendrom	Antihipertansifler
	Aşırı viskozite durumları	Anksiyolitikler

Kaynak: Hosseini ve Polonowita 2009.

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