

MANIC SHIFT TRIGGERED BY ESCITALOPRAM IN AN ELDERLY PATIENT WITH LONG-TERM MOOD STABILITY

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OBJECTIVE: Antidepressant-induced manic shift is a known risk, even in patients without a recent history of mood episodes. In this case report, we will present a case of manic shift triggered by escitalopram use in an 88-year-old woman.

CASE: An 88-year-old woman presented with depressive symptoms that emerged following the death of her daughter one year prior. Her symptoms included frequent reminiscing, crying spells, anger outbursts, restlessness, insomnia, fear of death, and self-harm. A review of the patient's medical history revealed that she has maintained mood stability without psychiatric treatment despite a two-month hospitalization over 55 years ago. However, neither the patient nor her family knew the exact diagnosis from her previous hospitalization. Initial treatment with escitalopram 5 mg/day and zopiclone 7.5 mg/night was prescribed for her current complaints but proved ineffective. Consequently, her regimen was adjusted to escitalopram 10 mg/day, mirtazapine 15 mg/day, and medazepam 10 mg/day. Two weeks into the revised treatment, the patient inadvertently took 20 mg of escitalopram instead of the prescribed 10 mg. This resulted in increased

talkativeness, excessive energy, irritability, frequent singing, dancing, and psychomotor agitation. She was admitted to the psychiatric clinic with a preliminary diagnosis of mania. During hospitalization, escitalopram was tapered off while medazepam was continued. Olanzapine was introduced at 2.5 mg/day and gradually increased to 2.5 mg three times daily. After eight days of treatment, her symptoms remitted, and she was discharged with follow-up recommendations. Informed consent was obtained from the patient for the case report.

DISCUSSION: This case highlights the risk of antidepressant-induced mania in elderly patients, even with prolonged mood stability. Age-related changes in metabolism and neurophysiology may increase this risk, making older patients more sensitive to relatively higher antidepressant doses. Therefore, tailored dosing, regular monitoring, and prompt intervention are essential to prevent psychiatric complications.

Keywords: Antidepressant adverse effects, elderly patients, manic shift