

THE SUCCESS OF BREXPIPAZOLE IN A TREATMENT-RESISTANT DEPRESSION PATIENT AFTER FAILING TO ACCELERATED TRANSCRANIAL MAGNETIC STIMULATION

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OBJECTIVE: Approximately 50% of adults with major depressive disorder (MDD) who receive a first-line antidepressant treatment, at an appropriate dose, do not achieve an adequate response. Brexpiprazole is a novel serotonin-dopamine activity modulator in the second generation/atypical antipsychotic class that was approved by the Food & Drug Administration in 2015 for use as an adjunctive agent in the treatment of MDD inadequately responsive to antidepressant treatment.

CASE: A 52-year-old female patient who has been followed up for 2 years with a diagnosis of MDD. She was admitted to the psychiatry outpatient clinic with unhappiness, anhedonia, lack of pleasure and insomnia. In her history, we learned that she was unresponsive to sertraline 150 mg/day, quetiapine 50 mg/day and fluoxetine 40 mg/day. The patient's Hamilton Depression Rating Scale-17 (HDRS-17), Hamilton Anxiety Scale (HAM-A) and Montgomery-Asberg Depression Rating Scale (MADRS) scores were 27,25 and 44, respectively. We decided to apply accelerated transcranial magnetic stimulation (aTMS) to the patient. We

applied bilateral stimulation (left dorsolateral prefrontal cortex iTBS 1800 pulses and right dorsolateral prefrontal cortex cTBS 600 pulses) for 10 days with 5 sessions per day and 30-minute intervals for a total of 50 sessions. HDRS-17, HAM-A and MADRS scores were 27,25 and 44 points, respectively after treatment. The patient was started on brexpiprazole 1 mg/day 2 weeks after the end of aTMS. The patient's HDRS-17, HAM-A and MADRS scores decreased from 25,26 and 40 points to 8,12 and 14 points, respectively, after 4 weeks. The scores remained 6,8 and 8 in the monthly follow-ups. Verbal and written consent was obtained from the patient for the case report.

DISCUSSION: Our findings in this case suggest that brexpiprazole may be an effective option for patients with treatment-resistant depression who are unresponsive to aTMS. In our case, there was no response to aTMS but significant improvement was observed following brexpiprazole.

Keywords: Accelerated transcranial magnetic stimulation, brexpiprazole, treatment-resistant depression