PP-036 https://doi.org/10.5080/61upk.ozt534

A CASE OF DEPRESSION WITH SSRI-INDUCED TREMOR AND DERMATOLOGICAL FINDINGS SUCCESSFULLY TREATED WITH VORTIOXETINE

Özgü Şişman[1], Erdem Kettaş[2]

[1]Department of Psychiatry, University of Health Sciences Erenköy Mental Health and Neurological Diseases Training and Research Hospital, Istanbul, Türkiye
[2]Department of Psychiatry, Sancaktepe Sehit Prof. Dr Ilhan Varank Training and Research Hospital, Istanbul, Türkiye

OBJECTIVE: Selective serotonin reuptake inhibitors (SSRIs) are first-line treatments for major depressive disorder but may cause extrapyramidal symptoms and, rarely, dermatological adverse effects that impair tolerability. Vortioxetine, a multimodal antidepressant, may be a suitable alternative in patients with SSRI intolerance. This report presents a patient who developed motor and dermatological adverse effects during SSRI treatment and improved after switching to vortioxetine.

CASE: (The patient consent must be provided and specified with appropriate terms). A 47-year-old woman presented with low mood, anhedonia, and reduced motivation. Her medical history was notable only for psoriasis, with no known drug allergies.

Escitalopram 5 mg/day was initiated. After one month, tremor involving the hands and jaw developed. Due to intolerance, treatment was switched to sertraline 12.5 mg/day; however, tremor and jaw clenching recurred after dose escalation.

The patient also reported non-pruritic, fluid-like appearing papular lesions on her fingertips that became more prominent after hand washing. The lesions were non-exudative and atypical for psoriasis. Mental status examination revealed mild depressive affect without psychotic symptoms or suicidal ideation. Laboratory investigations were unremarkable. Treatment was changed to vortioxetine 5 mg/day, later increased to 10 mg/day, with adjunctive propranolol 20 mg/day. Tremor resolved completely, and depressive symptoms improved markedly.

Written informed consent was obtained from the patient for publication of this case.

DISCUSSION: SSRI-induced tremor is a common dose-related adverse effect that may necessitate treatment modification. Dermatological reactions to SSRIs are uncommon and may present atypically, particularly in patients with underlying dermatological vulnerability such as psoriasis. Vortioxetine's multimodal serotonergic profile may explain its favorable tolerability in patients with SSRI intolerance. This case highlights the importance of monitoring both motor and dermatological adverse effects during antidepressant treatment and supports vortioxetine as an effective alternative.

Keywords: Dermatological adverse effects, SSRI-induced tremor, vortioxetine