Which to Choose: Antidepressants or Eyesight?

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Sally, a 31-year-old Caucasian, is admitted to psychiatry with complaints of depression and suicidal ideations. She arrives from the ER after ingesting an alleged 202.5 mg dose of zopiclone.

Medical history

Sally's medical history is unremarkable with the exception that she claims to have been seen in the ER several months ago for eye pain after having had cataract surgery. In regards to her mental health, there have been seven visits to the ER for overdoses (ODs) and depression with three inpatient admissions over the previous year. Upon further investigation it is discovered that Sally never had cataract surgery, but a laser corrective vision procedure.

Investigations

On interview 12 hours after the OD, Sally appears downcast with flat affect, without maintaining eye contact. Her lab values are within normal limits. There are no sign of sedation and she presents as well groomed and complains of no auditory or visual hallucinations.

Her social support network is poor, including only her boyfriend of four months and the support groups that you discharged her into five days earlier.

At the discharge of Sally's last hospital admission, she was disgruntled and did not want to leave, claiming to have no past medical history, or reactions to medications, nor any Axis III (comorbid medical conditions).

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Sally now becomes tearful and states her life is ruined and unmanageable because the escitalopram she took seven months ago "made it" so that she cannot not work at her place of employment. She cannot stand the computer or bright lights.

Her eyesight has only gradually improved and she has recently restarted taking fluoxetine. Her current medications include:

- fluoxetine 10 mg p.o. q.d. and
- zopiclone 7.5 mg p.o. q.h.s.

Sally asks which she should choose: an antidepressant or her eyesight?

What's your diagnosis?

Sally may be experiencing:

a) Drug-induced vision impairment
b) Dependent personality disorder
c) Somatization disorder
d) B and C
e) All of the above

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Answer: E
All of the above

This is a very challenging case as all of the above could be correct. The differential diagnosis potentially requires extensive workups and use of the patient's history to ensure that there is no organic cause of the visual impairment. We will first look at the impact of selective serotonin reuptake inhibitor (SSRI) agents on vision and then address dependent personality disorder and somatization.

SSRIs

SSRIs are the most commonly prescribed class of antidepressants, considering a patient's response and relatively tolerable adverse effects. Post-marketing surveillance demonstrates that with increasing use by patients, an increased occurrence of rare adverse effects is observed.

As with antidepressants, only 72% of psychiatrists and 30% of GPs were aware that patients might experience discontinuation syndrome.[1,2]

Discontinuation syndrome

Discontinuation syndrome symptoms begin to appear within the first 24 to 48 hours after drug discontinuation or dose reduction and can last between seven and 14 days, depending on the medication.[3] Some SSRIs, including paroxetine (elimination half-life of 15 to 22 hours), may cause discontinuation syndrome. However, escitalopram (elimination half life of 22 to 32 hours) did not demonstrate discontinuation syndrome in one study.[4] As such, visual changes that are associated with SSRI discontinuation syndrome symptomatology may not hold true with escitalopram.

Escitalopram

For escitalopram there are two case reports regarding ocular changes while using the medication.[4] A case of acute bilateral angle closure glaucoma with effusions occurred in a 41-year-old woman following escitalopram use. The woman, with concurrent depression and seasonal allergies, took 20 mg of escitalopram q.d. for depression. Four weeks later, she experienced blurred vision bilaterally which lasted several hours. Glaucoma needed to be diagnosed and monitored by an ophthalmologist, but could not be ruled out entirely without a test of interoperability process (IOP).

The second case involved an oculogyric crisis with mixed anaphylactic features in a 44-year-old female after ingesting 20 mg of escitalopram in addition to her 10 mg q.d. dose. This patient experienced movement disorder of the right eye in conjunction with diaphoresis, palpitations and swelling of the tongue and lips.[4]

Fluoxetine

With respect to fluoxetine, which Sally previously used, the following ocular side-effects have been associated infrequently:

- conjunctivitis,
- photophobia,

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- dry eyes,
- mydriasis and
- cataracts.

The incidence can be upwards of 3% for ocular changes with fluoxetine, which includes blurred vision. There is no data for fluoxetine, but the escitalopram vision status reverted to normal after product discontinuation. No long-term data could be found.[4,6]

Is this a class effect amongst SSRI agents?

Photosensitivity does have evidence to support that a class effect does occur across all SSRI agents.[5] In researching other SSRIs, commonalities in varying incidences that were found include:

- dry eyes,
- glaucoma and
- blurred vision.[7]

Other medications that a patient may be taking (*e.g.*, over-the-counter medications [OTCs] and herbals) may prolong the issue; therefore, it is essential to ask the patient. This would also help to narrow the differential diagnosis and to include or exclude:

- conversion disorders,
- somatization,
- personality disorder, or
- other Axis II diagnosis.

Somatization

Somatization disorder is a chronic condition where the patient presents to the practitioner in order to relieve various physical complaints. There is marked impairment to the patient and to their quality of life. However, there is no evidence, upon clinical workup, of a physiological mechanism that is being displayed by the patient. As such, the physical symptoms are mediated by psychological problems.

Characteristics

Somatization is characterized by multiple physical complaints. These complaints are often in areas that make it difficult to rule out organicity and have a high degree of patient subjectivity. These may include:

- the digestive systems,
- the nervous system and
- the reproductive system.

Prevalence

Prevalence is greater in women than men and generally presents before the age of 30 years. This is not malingering as the patient truly has these symptoms and experiences:

- the disease itself,
- the frustration of not being able to find a concrete answer, plus
- the stigma of a psychiatric "label."

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Symptoms

Symptoms are very real to patients. Symptoms negatively impact work and interpersonal relationships. A lifelong history of feeling unwell may also be present.[8,9]

Etiology

The etiology of dependency can be rooted in many patients who have had overprotective, authoritarian parents. Dependent patients demonstrate:

- suggestibility,
- conformity,
- compliance and
- increased sensitivity to interpersonal non-verbal communication.

These patients are more likely to have major depression and bipolar disorder than patients with other personality disorders. Anxiety, dysthymias and substance abuse, as a whole, occurred no more often or in case of substance abuse, less often than they do in the other personality disorders.[10,11]

Conclusion

In summary, we were unable to find a clear link between Sally's continual visual impairment and photophobia and the use of the SSRI agents nine months after discontinuing the escitalopram. When Sally was restarted on 10 mg of fluoxetine q.d., there were no voiced concerns that the fluoxetine was aggravating the condition. However, her eyesight continued to only gradually improve. In the short-term, each entity (eye changes, photophobia) is documented but usually reverts to normal. Co-ingestants or comorbid conditions could exacerbate the occular effects. These include:

- OTCs,
- medications,
- herbals,
- illicit substances,
- Axis II (comorbid, psychiatric conditions), or
- undiagnosed Axis III ocular concerns.

A thorough, best possible medication history can help to identify some of the above. This is addressed from an Axis II perspective with Sally displaying dependent personality traits and possibly somatization. Dx

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