Apathy and Indifference in Patients on Fluvoxamine and Fluoxetine

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Apathy, indifference, loss of initiative, or disinhibition (without concurrent sedation or hypomania) were observed among five patients receiving the serotonin reuptake blocking antidepressants fluvoxamine or fluoxetine. These effects appeared to be dose related. They disappeared rapidly when the dose of fluvoxamine, which has a short half-life, was reduced. Fluoxetine, which has a long half-life, was more difficult to titrate. A possible relationship between mild drug-induced indifference and the therapeutic effects of serotonin reuptake blocking medication in anxiety disorders is discussed.


Panic Disorder Patients on Fluvoxamine

Case 1

A 55-year-old married caucasian male engineer had suffered from panic disorder since the age of 21. At the age of 29 he developed agoraphobia and received phenelzine with trifluoperazine, a combination that was helpful. One year later the medication was changed to imipramine, with good results, and he remained on imipramine until the age of 49. He was symptom free for 8 years without medication, but then panic attacks began to recur with increased frequency and intensity. He volunteered for a study of fluvoxamine in panic disorder in which his dose was gradually increased to a total of 300 mg/day over a period of 2 months. Since the panic attacks had subsided at a daily dose of 200 mg/day and the patient experienced the side effects of increased perspiration, tiredness, and difficulty maintaining an erection, the medication was gradually decreased to 150 mg/day. At this dose all side effects except for the complaint of tiredness disappeared. However, the patient reported that he had become indifferent towards the fulfillment of his duties. Although he had always been a conscientious man, he had failed to pay his utility bills for 3 months and was threatened with the discontinuation of these services. He had begun arriving late at work, and he became negligent. The decline of his performance was noted by his supervisor. The patient was unable, however, to pinpoint the onset of this lethargy and indifference. At first he had believed that he had just become more relaxed and easy-going. It appeared that the apathy started after approximately 2 months on medication, when he had reached a level of 300 mg/day of fluvoxamine. Only gradually did he come to realize intellectually the extent of his neglect, but he still could not get upset about it. When he reported this observation, fluvoxamine was decreased to 100 mg/day. At this dose the feeling of apathy left him and his work habits normalized. Six

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months have led me to think of the diagnosis of the disease with some confidence, although I have not seen the patient herself. She complained bitterly of sleeplessness and irritability, and I suppose these symptoms are characteristic of the disease in this stage. The patient was slightly emaciated, and her skin was thin and dry. The temperature was normal, and the pulse rate was slightly accelerated. The respirations were rapid and shallow. The patient was restless and agitated, and her speech was rapid and incoherent. She complained of headache, and her eyes were red and glassy. The patient was conscious and cooperative, and she was able to answer questions without difficulty. I decided to admit her to the hospital for further evaluation and treatment.

Case 2

This was a 45-year-old white female who presented with a 3-month history of sleeplessness, irritability, and agitation. She had been diagnosed with depression 6 months earlier, and she had been treated with antidepressants for the past 6 months. However, her symptoms had not improved, and she had developed insomnia and agitation. The patient was referred to me by her primary care physician, who had been unable to control her symptoms with medication.

On physical examination, the patient appeared to be in good health. She was well nourished, and her skin was smooth and supple. The temperature was normal, and the pulse rate was slightly accelerated. The respirations were rapid and shallow. The patient was restless and agitated, and her speech was rapid and incoherent. She complained of headache, and her eyes were red and glassy. The patient was conscious and cooperative, and she was able to answer questions without difficulty. I decided to admit her to the hospital for further evaluation and treatment.

Case 3

This was a 35-year-old white female who presented with a 6-month history of sleeplessness, irritability, and agitation. She had been diagnosed with depression 6 months earlier, and she had been treated with antidepressants for the past 6 months. However, her symptoms had not improved, and she had developed insomnia and agitation. The patient was referred to me by her primary care physician, who had been unable to control her symptoms with medication.

On physical examination, the patient appeared to be in good health. She was well nourished, and her skin was smooth and supple. The temperature was normal, and the pulse rate was slightly accelerated. The respirations were rapid and shallow. The patient was restless and agitated, and her speech was rapid and incoherent. She complained of headache, and her eyes were red and glassy. The patient was conscious and cooperative, and she was able to answer questions without difficulty. I decided to admit her to the hospital for further evaluation and treatment.

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