Case report

RISPERIDONE PLUS VALPROATE FOR OBSESSIVE-COMPULSIVE-BIPOLAR DISORDER COMORBIDITY: A CASE REPORT

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Abstract

Treatment of obsessive-compulsive-bipolar comorbidity is relatively challenging. This case report presents the improvement of both obsessive-compulsive and mood symptoms in a female patient treated with risperidone plus valproate. Her obsessive-compulsive and manic symptoms, as assessed respectively by using The Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) and Young Mania Rating Scale (YMRS), improved continuously and were totally ameliorated within 2 weeks of the combination treatment. As assessed by the use of The Montgomery-Asberg Depression Rating Scale (MADRS), the treatment regimen also did not induce a depressed mood. Obsessive-compulsive-bipolar comorbidity may be a condition that responds well to risperidone plus valproate. Chiang Mai Med Bull 2005;44(1):43-47.

Keywords: Obsessive-compulsive disorder; Bipolar disorder; depressive episode; Comorbidity

Obsessive-compulsive-bipolar comorbidity has been reported in much literature. A recent survey found that 55.8% of obsessive-compulsive patients may have comorbid bipolar disorder in their lifetime. Although we do not know yet why both disorders coincide so much, it is likely that antidepressant-induced manic/hypomanic episode may play a role.

At present, serotonergic antidepressants are considered as first-line drugs for obsessive-compulsive disorder (OCD). However, similar to other antidepressants, serotonergic antidepressants have a propensity to induce a manic/hypomanic episode.

Some anticonvulsants (e.g. sodium valproate) and antipsychotics (e.g. olanzapine, risperidone) are now widely accepted for the treatment of bipolar disorder. Some reports have shown that risperidone may be an effective and well-tolerated augmentation strategy for treatment-resistant OCD, but larger sam-
ple size studies are required to demonstrate this.\(^{(6,7)}\) However, monotherapy of these medications are not considered as effective treatment for obsessive-compulsive disorder.

Taken together, treatment of obsessive-compulsive-bipolar comorbidity is therefore relatively challenging and is not well established. In this report, we present a case of obsessive-compulsive-bipolar comorbidity that responded well to risperidone plus valproate.

**A case report**

Ms A was a 40-year-old unmarried lady admitted to our hospital due to the mood changes she had experienced for approximately 5 weeks. Five weeks prior to admission, she became irritable, and felt inflated self-esteem and a decreased need for sleep. She lost her temper and argued with many people. Within 5-6 days of having those symptoms, she was arrested by the police for fighting with a customer in a shop. Shortly after the arrest, she became depressed, with markedly diminished interest in her daily activities she felt tired and worthless, lacked concentration and lost 4 kilograms in weight in one month. She had those symptoms most days, and nearly everyday during the month prior to admission. She stayed in bed for most of the time, took very little food, rarely cared for herself and could not work at all.

Data revealed that the patient had a 7-year history of obsessive-compulsive disorder. Her main symptoms were checking and counting. As a worker in her parents’ drapery shop, she measured the textiles several times before making a cut. She counted the changes 4-5 times before giving them to her customers. She also checked and rechecked the windows and doors of her room many times before she went to bed. Her obsessive-compulsive symptoms became worse and more distressing during the 4 months prior to her admission to hospital.

Ms A was diagnosed as having major depressive disorder and obsessive-compulsive disorder and was given 20 mg/day of fluoxetine. However, after she developed a full-blown manic episode, within 2 days of treatment, we contacted her family members to receive more information about her hypomanic symptoms prior to the commencement of her recent major depressive episode. Her final diagnosis was obsessive-compulsive-bipolar comorbidity.

As a complicated patient, her psychiatrist decided to assess her manic-depressive and obsessive-compulsive symptoms by using the Young Mania Rating Scale (YMRS, a total score of 60), Montgomery-Asberg Depressive Rating Scale (MADRS, a total score of 60), Yale-Brown Obsessive-Compulsive Scale (Y-BOCS, a total score of 40) and Global Assessment of Functioning Scale (GAF, a total score of 100). When interpreting these measurements, apart from the GAF, the higher the score, the more severe the symptoms.
Immediately after the abrupt discontinuation of fluoxetine treatment, her YMRS, Y-BOCS, MADRS and GAF scores at this baseline assessment revealed that she had moderately severe symptoms and impaired functioning in all respects. Treatment priority was given to her manic symptoms because they were very disruptive. Risperidone was administered at 2 mg/day. Valproate was initially started at 600 mg/day and gradually increased to 1,000 mg/day after a few days. She also received psychosocial treatment such as supportive psychotherapy, group psychotherapy and milieu therapy. After approximately one week of treatment, her serum level of valproate was in the appropriate range (75 µg/mL).

Not only her manic symptoms, but also her depressive and obsessive-compulsive symptoms were improved gradually. She was discharged after 4 weeks hospitalization and received an 8-week assessment as an outpatient. Her YMRS, Y-BOCS, MADRS and GAF scores during the 8 weeks of treatment are presented in Fig. 1.

**Discussion**

This report presents a female patient with obsessive-compulsive-bipolar comorbidity, who responded well to acute treatment of risperidone plus valproate. Not only her manic, but also depressive and obsessive-compulsive symptoms were improved gradually without a need for antidepressants, which have a propensity to induce manic/hypomanic symptoms. Although psychosocial intervention may play a role in treatment, there is a meta-analysis review that stated medication
treatment combined with psychotherapy was significantly better than psychosocial intervention, or medication alone, in reducing the severity of obsessive-compulsive symptoms. As there has been no well established treatment of obsessive-compulsive-bipolar disorder, further clinical trials of risperidone plus valproate for this condition are warranted.

References
การให้ยา Risperidone ร่วมกับยา Valproate ในการรักษาโรคฮิตวี่ที่มีโรคอารมณ์แปรปรวนสองขั้วร่วมด้วย: รายงานผู้ป่วย

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บทที่ 12 การรักษาโรคฮิตวี่ที่มีโรคอารมณ์แปรปรวนสองขั้วร่วมด้วยเป็นสิ่งที่ยากมากในยา รายงานฉบับนี้แสดงให้เห็นว่าผู้ป่วยหญิงรายหนึ่งที่ป่วยด้วยอาการดังกล่าว หลังจากได้รับการรักษาด้วยยา Risperidone ร่วมกับยา Valproate ทำให้อาการฮิตวี่และอาการแปรปรวนดีขึ้นได้ประเมินอาการฮิตวี่ด้วยเครื่องมือ The Yale-Brown Obsessive-Compulsive Scale (Y-BOCS) และประเมินอารมณ์ด้วยเครื่องมือ the Young Mania Rating Scale (YMRS) พบว่าอาการฮิตวี่ดีขึ้นอย่างต่อเนื่องภายในสองสัปดาห์หลังจากได้รับการรักษา เมื่อได้ประเมินภาวะซึมเศร้าโดยเครื่องมือ the Montgomery-Asberg Depression Rating Scale (MADRS) พบว่า ผู้ป่วยในกลุ่มนี้ไม่เกิดภาวะซึมเศร้า กล่าวได้ว่า โรคฮิตวี่ที่มีโรคอารมณ์แปรปรวนสองขั้วร่วมด้วย น่าจะเป็นภาวะที่ตอบสนองต่อการใช้ยา Risperidone ร่วมกับยา Valproate ได้เป็นอย่างดี เชียงใหม่เวชสาร 2548;44(1):43-47.

คำสำคัญ: โรคฮิตวี่, โรคอารมณ์แปรปรวนสองขั้ว, ภาวะซึมเศร้า, อาการเจ็บป่วยร่วม