

LETTERS TO EDITOR

FLUOXETINE AND PARESTHESIAS

Sir,

Paresthesia associated with selective serotonin reuptake inhibitor (SSRI) therapy is rare, and has been described both as an adverse effect of SSRI drugs (Masand and Gupta, 1999) and as part of the SSRI withdrawal syndrome (Black et al., 2000) in Caucasian subjects. Since ethnic issues in psychopharmacology are an important matter, and since no case of paresthesia associated with SSRIs has so far been reported from the Indian subcontinent, we wish to place the following case on record.

CASE REPORT

Mrs. S, a 36-year-old woman, was prescribed fluoxetine (20 mg/day) for a DSM-IV diagnosis of adjustment disorder with depressed mood. A week later, she began to experience tingling sensations in the left foot. These paresthesias increased over the following weeks and spread to the entire lower limb and the left upper limb as well.

Physical examination, hematocrit, blood glucose, serum electrolytes, thyroid function tests, spinal X-rays, and other investigations were all within normal limits. She was antinuclear antibody negative. Medical, neurological, and orthopedic consultations ruled out identifiable disease. Fluoxetine was discontinued with the hypothesis that her symptoms were drug-related. There was a decrease in the intensity of the paresthesias.

Withdrawal of fluoxetine, however, led to a worsening of mood. Fluoxetine was re-introduced. Resumption of the drug resulted in worsening of

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the paresthesias. Fluoxetine was discontinued once again. Within ten days, all symptoms of paresthesia disappeared.

DISCUSSION

The temporal relationship of the paresthesia to fluoxetine therapy, and the appearance and disappearance of symptoms in association with the introduction and withdrawal of fluoxetine, indicate that the symptoms were likely to have been drug-induced. In this context, an interesting report documents that a woman tolerated sertraline well, but developed paresthesias with fluoxetine (Bhatara et al., 1996). We conclude that medication should be considered as a possible cause if paresthesias develop in patients receiving SSRI drugs. As a final note, no literature describes the symptomatic differentiation of paresthesias due to SSRI therapy and paresthesias due to SSRI withdrawal. Etiological impressions therefore depend upon whether the SSRI therapy is ongoing or being withdrawn.

REFERENCES

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*N. PFIZER, DPM, Psychiatrist, Mary Immaculate Mission Hospital Engandiyoor-680 615, *CHITTARANJAN ANDRADE MD Additional Professor & Head, Department of Psychopharmacology, NIMHANS, Bangalore - 560 029*

** Correspondence*