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Bipolar Disorders. 10():58, FEB 2008

Issn Print: 1398-5647

Publication Date: 2008/02/01

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OLANZAPINE INDUCED NEUTROPENIA IN AN ELDERLY PATIENT: A CASE REPORT

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OLANZAPINE INDUCED NEUTROPENIA IN AN ELDERLY PATIENT: A CASE REPORT

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Objective: To report a 79-years-old male diagnosed with Major Depressive Disorder with psychotic features where neutropenia developed due to Olanzapine.

Methods: The patient had 7 years history of recurrent depressive disorder with four episodes and the last episode has been treated with olanzapine-moclobemid combination successfully. One year ago, he had a coronary by-pass operation and began to take Acetylsalicylic Acid, Ginkgo Extracts and Metoprolol Succinate regularly. In 2007, the patient was hospitalized for a new major depressive episode with psychotic features and sertraline 50 mg/day and olanzapine 5 mg/day were co-medicated. Olanzapine was increased up to 10 mg/day in 4 days. At the first and third days of medication, the routine hematological and biochemical laboratory exams were in normal ranges.

Results: Neutropenia was detected at the third week of medication. When literature was reviewed, the most probable agent to cause neutropenia was found to be olanzapine so this medication was immediately stopped and the other drugs were continued. No clinical signs of an infection occurred and the blood cell counts increased to normal ranges in 4 days after discontinuation of olanzapine.

Conclusion: Olanzapine is used in the treatment of psychotic and bipolar disorders and rare cases of olanzapine induced leukocytopenia have been reported (1,2). Administration of multiple drugs with olanzapine to an elderly patient is remarkable in this case (3). The hematological effects of olanzapine are still not clear and also the effects of drug interactions and age-related changes in pharmacokinetics and pharmacodynamics should be considered by the clinicians.(3,4)