

# Psychosis associated with SSRI use and borderline personality disorder traits

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**Psychosis associated with the use of SSRIs has occasionally been reported in the literature. In this article, the authors report a case of a psychotic episode associated with the use of fluoxetine followed by visual hallucinations with citalopram in a patient also found to have borderline personality disorder traits and probable avoidant personality disorder.**



There have been various reports in the literature of individuals developing psychosis with a temporal relationship to the administration of an SSRI.<sup>1-4</sup> This case report focuses on a patient with pre- and postnatal depression who presented with a clearly defined psychotic episode following treatment with fluoxetine. The episode rapidly resolved once the fluoxetine was stopped. However, she continued to have visual hallucinations while taking citalopram, which stopped following its discontinuation. After further investigation, the patient was also found to have borderline personality disorder traits.

## Presentation

A 27-year-old woman was referred to our Early Intervention in Psychosis service. She lived with her partner and was a full-time mother to four children.

No mental health problems had been identified in the patient until around a year prior to her referral, when she developed depression late during her pregnancy. She was commenced on citalopram by her GP, following which her mood showed a partial improvement. However, when she still continued to feel significantly

low six months postpartum, the prescription for citalopram was changed to fluoxetine.

She described feeling withdrawn and going into a daze immediately after she was started on fluoxetine. She could recall hearing the voices of people, and especially children, screaming and crying, when there was no one around. Her partner reported that her behaviour during this period was bizarre and chaotic; she isolated herself and appeared frightened, sometimes cringing in a corner. The patient herself was not able to recollect much information about this period of time.

After three days, the patient stopped taking the fluoxetine. On discontinuing, she rapidly returned to her normal functioning. Her GP recommended the citalopram and referred her to the Early Intervention in Psychosis team.

During the assessment by the Early Intervention in Psychosis team, the patient reported that she had also been experiencing episodes of seeing flies buzzing around her intermittently. She also described seeing fairies around her at times. She described these visual hallucinations as having been there for around a year, which correlated with her having been first commenced on citalopram, and she continued to experience them up to the time of the assessment. There was no clouding

of consciousness during these perceptual experiences. A change of antidepressant to a non-SSRI medication, namely venlafaxine, was advised. A CT scan of the brain was also requested.

On review, after three months, the patient reported that the visual hallucinations had resolved. She was also found to have a normal CT scan of the brain.

In addition to her psychotic symptoms, the patient also described having frequent mood swings for several years. These did not amount in duration or intensity to a syndromal mood disorder. She also described occasional impulsive self-harm and other impulsive behaviour when stressed or angry. She described getting angry very quickly when frustrated and finding it difficult to control her behaviour during these times. Though she had often broken small household objects, she had not seriously hurt anyone during these episodes.

The patient also described often feeling inept and inferior to others. She was preoccupied with being criticised or rejected especially by people she did not know well. She avoided activities that involved significant interpersonal contact, except within the close family. An International Personality Disorder Assessment<sup>5</sup> on the DSM-IV<sup>6</sup> module showed borderline personality disorder

traits and probable avoidant personality disorder.

### Discussion

The duration of the florid psychotic episode in this case shows a temporal relationship with fluoxetine treatment. The patient did not have any documented history of psychosis prior to treatment with an SSRI, and has not reported psychotic symptoms since her antidepressant was changed to venlafaxine, on which she remains stable a low dose.

An interesting comparison may be made with another case report of fluoxetine-associated psychosis.<sup>2</sup> The duration of psychosis in that case appeared to be related to the long half-life of the medication. Upon stopping the fluoxetine, the patient continued to experience psychotic symptoms that correlated with the long half-life of fluoxetine. In our patient, the acute psychotic symptoms seemed to resolve sooner, which may be due to the extremely short period of time (three days) that the patient had taken fluoxetine.

Also of note are the intermittent psychotic symptoms, which continued while the patient was on citalopram. This may suggest that in patients with a predisposition to developing psychosis with SSRIs, the intensity of symptoms may vary with different SSRIs.

Another point of discussion is whether personality disorder or

associated traits can be a predisposing factor for the development of psychosis. Gutkovich *et al.*<sup>2</sup> reported a case of transient psychosis with fluoxetine in a patient with schizotypal disorder. Borderline personality disorder has been reported to present with psychotic symptoms in the absence of a separate comorbid psychotic illness.<sup>7-10</sup> However, we did not identify any literature that specifically linked anxious and avoidant personality disorders or traits to psychotic symptoms.

All antidepressants possess the ability to exacerbate manic and psychotic symptoms in certain susceptible patients, particularly those with a history of bipolar disorder or other disorders with psychotic features.<sup>11</sup> The case series on psychotic symptoms associated with sertraline demonstrates that, in spite of a relatively safe side-effect profile, some SSRIs such as sertraline can provoke or exacerbate positive psychotic symptoms, particularly in patients with a previous history of psychosis.<sup>1</sup>

This case report suggests that personality disorder or associated traits may in rare instances be a predisposing factor for the development of psychosis with SSRIs and suggest that clinicians should be alerted to this possibility.

### Declaration of interests

None declared.

*Dr Ahmed is a Specialty Doctor, Dr Chakraborty is a Consultant Psychiatrist and Cheryl Gillott is Senior Care Co-ordinator, Early Intervention in Psychosis, Leicestershire Partnership NHS Trust*

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