

P-144 - DULOXETINE IN SOMATIC GASTRIC PAIN

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Panic disorder is the most common anxiety disorder and panic attacks are the most common expression of panic disorder. Panic attacks are characterized with sudden attacks of anxiety with numerous somatic symptoms, such as palpitations, tachycardia, tachypnea, nausea, vertigo (cardiovascular, gastro-enterological, respiratory and neurootological symptoms). Sometimes in clinical practice panic disorder show itself with isolated gastroenteric or cardiovascular symptoms, that request other clinical visit and after psychiatric intervention. The SSRIs are preferred treatment for anxiety disorders and in particular panic disorder. However these drugs may cause some adverse effects such as sexual disfunction (Serretti A et al., 2011), increased bodyweight (Serretti A et al., 2010), abnormal bleending (Andrade C et al., 2010) and others, that may be problematic for some patients. We hereby describe the case of G.V., a 29-year-old Caucasian young woman affected by panic disorder with agoraphobia, referred to our clinic for of the re-occurrence of panic gastroenteric symptoms. With SSRIs the patients felt an improvement in every anxiety symptoms and panic attacks, but not in the gastric somatic concern, then we decided to enter duloxetine. After six months treatment the patient presented complete remission of gastric sypmtoms and panic related symptoms, and suspended every tree different gastric treatment. Others author like Simon NM et al., hypothesized and confirm the duloxetine a serotonin-norepinephrine inhibitor (SNRI) that has greater initial noradrenergic effects than venlafaxine, would have broad efficacy for individuals with panic disorder. Our case report underlines the possibility of tailored therapeutic strategies for gastroenteric expression of panic disorder.