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# ZIPRASIDONE AUGMENTATION OF LAMOTRIGINE IN TREATMENT DEPERSONALIZATION IN BIPOLAR DISORDER

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Dissociative symptoms in mood and anxiety disorders are still under-diagnosed and undertreated. Growing evidence suggest that dissociative symptoms are highly present in mood disorders. We hereby describe the case of a 35-year-old Caucasian young lady affected by bipolar disorder (BD), panic disorder (PD) and dissociative symptoms, referred to our clinic for depressive episode accompained by reoccurrence of PD and severe affective and autopsychic depersonalization (scoring at DES 45 and at CDS 80). With paroxetine 40 mg and lamotrigine 50 mg, daily, depressive and panic symptoms progressively improved until remission while depersonalization symptoms remained unchanged causing significant distress. Therefore, ziprasidone 40 mg was introduced with significant improvement in dissociative symptoms at six months (more than 50% at DES and CDS scale). To our knowledge there is no report on the use of ziprasidone augmentation to lamotrigine in treating dissociative symptoms in BD. It´s interesting to note that ziprasidone has a relatively high affinity for 5-HT2C serotonin receptors, is a potent 5-HT2C inverse agonist and has a high affinity to 5-HT1A receptors where displays a partial agonist pharmacological profile (4). This is important because partial agonism at the 5-HT1A receptor has been postulated as a potential therapeutic mechanism in the alleviation of depression and anxiety symptoms (5). It is, thus, possible to speculate that the serotoninergic potentiation correlated to ziprasidone introduction, resulted in an improvement of dissociative symptoms, due to the blockade of postsynaptic 5-HT1A receptors (5). Obviously, further research in this area is warranted to replicate our clinical observation.

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