OLANZAPINE-INDUCED DOUBLE INCONTINENCE

Sir,

Urinary and faecal incontinence induced by olanzapine.

Olanzapine, a newer antipsychotic, is among the commonly prescribed antipsychotics around the world. The side effect profile of these newer antipsychotics is better than that of the typical antipsychotic medication. There is only one case report of fecal incontinence\(^1\)\(^2\) and one report of urinary incontinence with olanzapine.\(^3\) We would like to report a patient having urinary and fecal incontinence on olanzapine.

A 35-year-old man was admitted for the treatment of an episode of mania. His serum lithium level was 2.94 mEq/L for which he underwent hemodialysis twice after that his serum lithium level was 0.44 mEq/L. His signs and symptoms of lithium toxicity resolved in next few days. The patient was started with 20 mg/day of olanzapine to control the symptoms of mania. Patient did not have any residual deficit due to lithium toxicity and had full control of his bowel and bladder before the treatment was initiated. In a few days, he complained of bowel and bladder incontinence. Routine urine screening and stool examinations were within normal limits. The neurological examination was normal at the time and his serum lithium was 0.02 mEq/L. The double incontinence persisted despite the addition of an anticholinergic (triphenylenehydrochloride). Keeping the possibility of a drug-induced phenomenon, the olanzapine dose was reduced to 10 mg/day, and the incontinence resolved within few days. The patient was started on sodium valproate and olanzapine was stopped later. The patient is asymptomatic at the time of reporting this case.

The adverse drug reaction probability score\(^4\) for the patient was nine denoting a definite adverse reaction due to olanzapine. Incontinence, reported with clozapine\(^5\)\(^6\) and risperidone, is uncommon with olanzapine. Two cases of incontinence have been reported in patients taking olanzapine.\(^6\)\(^1\) One report suggests the response of urinary incontinence with ephedrine.\(^6\) An overall numerical increase in the incidence of urinary incontinence with olanzapine as compared to placebo has been reported among patients with Alzheimer’s disease.\(^5\) The pathophysiology of this phenomenon is likely to be due to the action on central micturition pathways than the peripheral action. A study on anesthetized rats showed the inhibitory effects of olanzapine on the external urethral sphincter.\(^6\) Although the antimuscarinic side effect would predict urinary retention, incontinence is due to its central mechanism.\(^6\) The physician should be aware of this rare side effect of olanzapine.

REFERENCES


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