

## Paroxetine induced hypertension (Paroksetin kullanıma bağlı hipertansiyon)

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To the editor,

Selective serotonin reuptake inhibitors (SSRI) are antidepressants preferred for their wide safety range and low side effect profile. SSRIs may cause side effects such as anxiety, sleep disorders, tremor, sexual dysfunction and headache by possibly increasing 5-HT in the central nervous system.<sup>1</sup> Also, cardiovascular side effects may occur rarely. The cardiovascular side effects of SSRIs include modest slowing of heart rate, minimal effect on either resting or postural blood pressure, and little influence on electrocardiographic PR interval, QRS duration, or QTc interval.<sup>2</sup> As one of SSRIs, paroxetine; besides its 5HT reuptake inhibition properties, paroxetine possesses muscarinic/cholinergic antagonist actions and some norepinephrine reuptake inhibition.<sup>3</sup> A 56 year old female patient was admitted to outpatient psychiatry clinic with unwillingness, wanting to cry, lack of energy. Her complaints were started after psychiatric her son started on a psychiatric treatment and hopelessness, anhedonia and insomnia was added to her complaints during the last two months. The patient indicated no previous history of any organic or psychiatric disease or treatment. The patient was conscious, oriented, cooperated. Her fever was 37°C, blood pressure 110/80 mmHg and pulse was 75 per minute. No pathological findings were detected in biochemistry, complete blood count, urinalysis or electrocardiography. In the psychiatric examination, self care was moderate, she was establishing eye contact, communicative and cooperative. Spontaneity and intonation of the speech and psychomotor activity was dimin-

ished. Her mood and affect were depressed and anxious. The patient's thought content included hopelessness and inadequacy. No perception or memory deficit was found. Paroxetine 10mg/day treatment was initiated and the patient was recommended to increase the dose to 20 mg/day in the second week of treatment. The patient was called for control after 15 days. The patient noted that in the 7<sup>th</sup> day of the treatment after paroxetine dose was increased to 20 mg/day her blood pressure was increased up to 155/110 mmHg. A cardiology consultation was requested. The patient's cardiological examination and echocardiography findings were normal. However, during 24 hour arterial blood pressure holter monitoring her blood pressure recordings were between 155/110 mmHg and 135/85 mmHg. Because the patient had no previous history of hypertension, concurrent rise in blood pressure after paroxetine therapy suggested drug-induced hypertension. After the patient's current treatment was stopped her 7-day blood pressure measurements that were obtained four times a day were stable. Treatment was planned to continue with mirtazapine 7.5 mg/day. In a study, 12% of patients receiving paroxetine experienced tachycardia.<sup>4</sup> In other study, tachycardia, hypertension, and syncope are described in about 1% of the population. Infrequent side effects include bradycardia and hypotension. Direct cardiac effects are rare and include congestive heart failure, myocardial infarction, and angina pectoris.<sup>5</sup> Clinicians should be aware of this side effect of paroxetine and our results should be clarified by further studies.

### REFERENCES

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