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DVT with citalopram induced SIADH in a patient with Parkinson's disease: A case report

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Abstract

Introduction: Citalopram is effective for dementia-related agitation, but little evidence supports its use for dementia with Lewy bodies. Hyponatremia and other SSRI side effects increase venous thromboembolism (VTE) risk. SSRI use can directly (platelet aggregation, venous stasis) or indirectly (obesity, sedation) cause DVT

Case presentation: An 86-year-old woman functionally declined with Parkinson's disease, hypertension, diabetes mellitus, hyperlipidemia, and osteoporosis presented to the emergency department with altered mental status, decreased oral intake, generalized weakness, and left lower leg swelling. Medications included gliclazide, metformin, valsartan, and atorvastatin, with no medications for Parkinson's disease. No history of deep vein thrombosis (DVT) or pulmonary embolism was noted. Echocardiogram 5 months prior showed normal systolic function; ejection fraction, 55%–60%; and Grade 1 diastolic dysfunction. At presentation, the patient was disoriented and lethargic. Blood pressure: 104/51 mmHg; random blood glucose: 125 mg/dl; and sodium: 123 mg/dl. Other parameters were normal, including adrenal function, with no sign of malignancy or autoimmune disease. Brain computed tomography showed age-related changes. Doppler ultrasound revealed DVT in the left lower leg. Four weeks prior, the selective serotonin reuptake inhibitor (SSRI) citalopram was started for behavioral changes (agitation, resistance to care, hallucinations, repetitive vocalizations, and

insomnia), resulting in restlessness and vocal changes (low-volume speech). Two days prior, citalopram was discontinued

due to excessive fatigue. The patient was admitted and managed with hypertonic solution and intravenous heparin, with other medications held. After 3 days, sodium normalized. The patient was discharged on oral apixaban (2.5 mg, BID), and all home medications were resumed except gliclazide. At follow-up, plasma sodium remained normal.

Conclusions and significance: SSRIs should not be first-line treatments for behavioral symptoms in Parkinson's disease with Lewy body dementia. SSRIs combined with sulfonylurea increase hyponatremia risk. In older patients with functional decline, VTE prophylaxis should be initiated prior to SSRIs.

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Biography

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