Acute psychosis under efavirenz in a HIV patient

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Troubles psychotiques aigus sous efavirenz chez un patient atteint de HIV

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RÉSUMÉ

Introduction : Efavirenz est l'un des médicaments les plus prescrits en cas d'infection par le HIV, il peut avoir plusieurs effets indésirables psychiatriques allant des troubles du sommeil aux symptômes psychotiques.

But : A travers une étude de cas nous avons essayé d'évaluer l'imputabilité d'un épisode psychotique aigu à l'Efavirenz.

Observation : Mr. B est âgé de 25 ans, il est atteint de l'hémophilie A, il a été infecté par le HIV et HVC lors de transfusions sanguines. Il a été mis sous association faite d'Epivir, de Zerit et d'Efavirenz. Trois mois après la prescription d'Efavirenz il a présenté un trouble schizophreniform selon des critères de DSM IV.

Discussion : Le début des manifestations psychotiques, 3 mois après prescription d'Efavirenz n'est pas en faveur de l'étiologie médicamenteuse. Les effets secondaires neuropsychiatriques apparaissent généralement rapidement après la première dose et diminuent habituellement pendant les quatre premiers mois. Les désordres psychotiques sont généralement rares. Malgré ces données, Efavirenz a été arrêté.

Conclusion : Ces informations ont un impact sur la décision thérapeutique, En effet, Efavirenz a été arrêté malgré l'amélioration du taux de CD4 et la difficulté d'évaluer l'imputabilité du trouble à l'Efavirenz.

Mots-clés

psychose aigue - HIV - Efavirenz - Imputabilité

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SUMMARY

Background: Efavirenz is one of the most prescribed HIV drugs, it can have number of psychiatric adverse effects varying from sleeping disorders to psychotic symptoms.

Aim : Through a case-report study we tried to evaluate the imputability of an acute psychosis to Efavirenz.

Case: Mr. B is 25-year-old, he had hemophilia A, he has been infected by HIV and HVC during one of the transfusion sessions. He'd had Combined therapy, component of Epivir, Zerit and Efavirenz. Three months after Efavirenz's prescription he presented a schizophreniform disorder according to DSM IV criteria.

Discussion: The onset of psychotic manifestations, 3 months after prescription is not in favor of drug's etiology. Neuropsychiatric side effects generally appear rapidly after the first dose and usually decrease during the first four months. Psychotic disorders are generally rare. However those side effects have been reported 03 years after drug introduction.

Conclusion: Such information has an impact on drug prescription. In fact, efavirenz had been stopped, although the improvement of CD4 and the difficulty to prove the imputability of psychotic syndrome to efavirenz.

Key-words

Acute psychosis - HIV - Efavirenz - Imputability.

Human immunodeficiency virus infection is actually turning into a chronic illness stabilized under treatment even if not yet curable. The purpose of antiretroviral therapy is to produce a suppression of virus replication as long as possible, to suppress viremia, to enhance immune function, and prevent clinical progression.

Current treatment guidelines recommend a combination therapy of two nucleoside reverse transcriptase inhibitors together with either a non-nucleoside reverse transcriptase inhibitor or a protease inhibitor (with or without ritonavir boosting) (1). A particular attention is focused on treatments side-effects (1); they seem determinant for patients' quality of life and for their treatment adherence. Efavirenz is a non-nucleoside reverse transcriptase inhibitor; it is one of the most prescribed HIV drugs as its efficiency is well established (2, 3) and its once-a-day dosing regimen and lack of food restrictions makes it easy to take (4). However, efavirenz can have number of psychiatric adverse effects including insomnia, anxiety, confusion, mood disorders, depression, suicidal ideation and psychosis (4, 7).

Through a case report, we try to evaluate the imputability of an acute psychosis to efavirenz.

CASE-REPORT

Mr. B is 25-year-old, he had hemophilia A since he was one year old. He was regularly transfused in factor VIII. Five years ago, he has been infected by HIV and HVC during a transfusion session. He had two uncles who'd had hemophilia and who deceased of AIDS complications.

Mr. B interrupted his studies at the age of 15 because of his hemophilia. He'd never worked. Combined therapy, component of Epivir and Zerit, has been started in 2003, and Efavirenz was associated in December 2004.

Mr. B was clinically asymptomatic and showed a slight improvement in his CD4 (450/mm3 at start vs. 738/mm3 in December 2004). Treatment tolerance was good; he had no digestive disorders and no lipodystrophia. Mr. B has been informed of his seropositivity only in 2004.

He was first admitted in psychiatry in March 2005 for an acute delusional and hallucinatory syndrome with behavioral disturbance. The symptoms had started one week before.

The initial examination revealed a complex paranoid delusion with hallucinations, a slight mood excitement and no signs of confusion. Bleeding, infectious and neoplasic etiologies were eliminated by normal laboratory assessments, head computerized tomography and magnetic resonance imaging.

The diagnosis selected was schizophreniform disorder according to DSM IV criteria. The evolution under haloperidol 20 mg/day and benzodiazepine was marked by the disappearance of behavioral disorders and the distancing of delusions.

After consulting the infectiologists the decision was to stop efavirenz.

Actually, Mr. B is well stabilized under Amisulpiride at a dose of 400 mg/day.

DISCUSSION

A little is known about the prevalence of psychotic disorders among HIV infected patients. De Ronchi et al (6) reported a prevalence of 3.7%. The responsibility of efavirenz in the genesis of the acute psychotic symptoms presented by our patient is hard to establish. In order of decreasing frequency, most described neuropsychiatric adverse effects of efavirenz are cognitive impairment, sleeping disorders, mood disorders, psychotic symptoms and suicidal ideation and behavior (5). Under efavirenz, psychotic disorders are generally rare with prevalence that does not exceed 1% (6, 7).

Staszewcki and al (2) reported more frequent neuropsychiatric side effects among patients undergoing an efavirenz based therapy compared to patients receiving different treatments (Zidovudine, Lamivudine, and Indinavir) (53% VS 26%).

The onset of psychotic manifestations, 3 months after prescription is not in favor of drug's etiology. Neuropsychiatric side effects generally appear rapidly after the first dose and usually decrease during the first four months. Lochet and al (4) describe a low frequency during the first month (6.9%) that decreases afterwards. Three years after the drug introduction, Staszewcki reports a prevalence of 0.1% of neuropsychiatric adverse effects.

The decision to stop Efavirenz was taken by common agreement with infectiologists. Treatment interruption based upon appearance of neuropsychiatric symptoms is more frequent among patients treated with Efavirenz (2.1%) than among patients receiving different treatments (1.1%).

We have used conventional antipsychotics (haloperidol) because atypical antipsychotics are not available at hospital. It is more recommended to use atypical neuroleptics for HIV patients to reduce the incidence of neurological side effects and to improve tolerance.

CONCLUSION

The imputability of a psychotic disorder to efavirenz is difficult to assess in the context of HIV infection. In fact the problem is due to several factors: patient's personality, patient's history, social environment and emotional burden who are determining in the onset of the disorder. Seropositivity itself has often dramatic psychological consequences.

Publication of case reports and more study about prevalence of psychotic disorders under Efavirenz would help psychiatrist in their decision.

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