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Gabapentin in the treatment of bipolar depression in patients with systemic lupus erythematosus

Sir,

Bipolar disorder is frequently associated with systemic lupus erythematosus (SLE) (1) and the nature of this connection is still unclear. A recent review showed that patients with SLE or rheumatoid arthritis (RA) exposed to psychological stressors have a poorer cytokine reaction than healthy controls (2). Some rheumatologic manifestations (such as hypothyroidism secondary to autoimmune thyroiditis) increase the risk of developing a mood disorder. Oomen *et al*. (3) found thyroid dysfunction to be associated with resistance to anti-depressant treatment and rapid cycling in patients with bipolar disorder.

It is also important to consider the possible involvement of the central nervous system due to vasculitis or other causes in patients with SLE. Pain symptomathology has also been demonstrated to cause depression. On the other hand, it has been shown that depression influences the intensity of pain symptoms (4). Moreover the drugs used to treat autoimmune diseases have been demonstrated to influence mood. Corticosteroids may induce manic or dysforic symptoms in predisposed patients, whereas their interruption is associated with depressive syndromes. Therefore depressed patients with concomitant SLE have a high risk of manic switches due to concomitant corticosteroid therapy.

Carbolithium or lamotrigine, which was demonstrated to be effective in bipolar depression, frequently cannot be used in patients with SLE because of their general medical condition. Moreover these mood stabilizing drugs can interact dangerously with those used to treat SLE. Therefore a mood disorder associated with SLE is quite a difficult condition to treat.

Recently, Carta *et al*. (5) reviewed the efficacy of gabapentin (GBP) in the treatment of bipolar spectrum disorders, showing that it was well tolerated and useful, especially during depressive phases. The aim of the present study was to evaluate gabapentin efficacy in the treatment of bipolar depression in patients with SLE.

Four female patients suffering from Bipolar Disorder II (according to the DSM-IVcriteria, 6) and SLE (according to ACR criteria, 7) were recruited. The average age was 38.5 ± 9.1. Patients were treated with gabapentin at a dose of 900 mg/day over a 9-month period. The severity of the psychopathology was assessed using the Clinical Global Impression Severity scale (CGI) (8) at baseline and after 1, 3 and 9 months. Depressive symptoms were evaluated using the Hamilton Depression Rating Scale (HDRS) (9) at baseline and after 9 months.

Two patients were treated with GBPmonotherapy. In the other 2 patients, GBP was added to the anti-depressant and mood stabiliser treatment after 2 months of no response. Specifically, one patient was treated with GBP, fluoxetine (20mg/day) and carbamazepine (600 mg/day), whereas the other was treated with GBP, clomipramine (75 mg/day) and pimozide (2 mg/day).

CGI and HDRS scores during the follow-up period are shown in Table I. The average reductions in the CGI and HDRS scores after 9 months were 27.8% and 36.4%, respectively. It is worth noticing that the improvement was not immediate: the CGI and HDRS scores were substantially unmodified at the first month after the titration conclusion and one patient worsened at the 3rd month. The CGI and HDRS improvement became statistically significant comparing the baseline scores with the scores at 9th month.

Moreover, at the 9th month all patients reported a subjective reduction of pain. This may be explained by the central analgesic action of GBP and the improvement in depressive symptomatology previously demonstrated by Brown *et al.* (10). In conclusion, the present report suggests the potential efficacy of GBP in the treatment of bipolar depression in patients with SLE. Further randomized controlled studies will be necessary to confirm the utility of GBP suggested by the present report.

Table I. Clinical Global Impression Severity scale (CGI) and Hamilton Depression Rating Scale (HDRS) scores during the follow-up period.

Patient	Baseline		1st Month	3rd Month	9th Month	
	CGI	HDRS	CGI	CGI	CGI	HDRS
A	5	27	5	5	4	18
B	5	23	5	4	3	15
C	4	19	4	5	3	13
D	4	21	4	3	2	11

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