

PHENOBARBITAL AND SUICIDALITY: A CASE REPORT

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ABSTRACT

Phenobarbital is widely-used in primary care for the treatment of epilepsy, headache and insomnia in India. There are certain scenarios in which its use must be monitored closely. We report a case wherein a lady was suffering from symptoms of mild depression following a stressor. After being prescribed Phenobarbital for headache and insomnia by a primary care physician, she developed suicidal ideation and made a suicide attempt. Clinicians should pick up possible appearance or worsening of depressive symptoms or emergence of suicidal ideation in patients on Phenobarbital and consider changing the treatment.

Keywords: Phenobarbital, suicide, depression, primary care.

INTRODUCTION

Phenobarbital is a widely available, inexpensive drug which has been successfully used in controlling epilepsy in primary care settings in India.¹ It also has multiple other uses, especially in treatment of headache, insomnia and anxiety.² Headache and insomnia are common presentations in patients with somatization in primary care and are associated with significant health problems and disability.³ Phenobarbital is undoubtedly a useful drug for the above symptoms; however there are certain scenarios wherein its use must be monitored closely. We discuss a recent experience with a patient who attempted suicide following prescription of Phenobarbital and potential implications for clinicians in primary care.

CASE REPORT

We report the case of a 40-year-old lady Ms. P, a tailor by profession, belonging to a low socioeconomic background, from a rural habitat in Central Kerala. She was unmarried and was living with her parents. She was admitted in the Department of Medicine of our hospital with history of a suicide attempt by consuming several tablets of Phenobarbital. She was moderately built and no abnormality was found in physical examination. Her routine haematological and biochemical parameters, including thyroid function test, were normal. She was not on any regular medications. Her menstrual cycles were regular.

She was referred to the Department of Psychiatry for evaluation of the suicide attempt. On detailed

Please cite this article as: Sahadevan S, Jayarajan RN, Kezhukkut J, Antony TP, Sreekumar D. Phenobarbital and suicidality: a case report. Kerala Journal of Psychiatry 2017; 30(1):15-6.

evaluation, we found that she had a well-adjusted premorbid personality and no past history or family history of psychiatric illness or suicide. Though she was functioning as a tailor, she had stressors related to being a spinster. For the previous six months, she had faced an increased financial burden as she had to meet the treatment expenses of her father who had a terminal illness. Since then, she had been feeling sad and had developed multiple physical complaints including headache. Her sleep and appetite were disturbed. There was no history of anhedonia or anergia. One month back, patient visited a clinician in her locality, and probably as she reported predominant complaints to be headache and insomnia, she was put on Phenobarbital 60 mg for the same. Patient reported a distinct worsening of her sadness following ingestion of the tablets. After two weeks of initiation of the medicine, she stopped going for work and remained housebound. She started harbouring suicidal thoughts, leading to the planned attempt. Patient clearly reported that she was able to cope up with her stressors prior to initiation of Phenobarbital, and temporally correlated the initiation of the drug with the suicidal ideation. We diagnosed a moderately severe depressive episode. Patient improved on a combined treatment of SSRI and Cognitive Behavioural Therapy.

DISCUSSION

Though there is a distinct possibility of there being an undiagnosed depressive episode in this patient at the time of initiation of Phenobarbital, antiepileptic drugs like Phenobarbital which lack serotonergic mechanisms of action may be at a higher risk of causing or worsening depression.⁴ The much higher risk of suicide on treatment with Phenobarbital has been documented even in children.⁵ On the other

hand, Carbamazepine, Oxcarbazepine, Valproate and Lamotrigine possess serotonergic mechanisms of action and have relatively better safety profiles for mood symptoms.⁴

Given the widespread use of Phenobarbital, our experience with this patient is unlikely to be an isolated event. This should inform the alert clinician to pick up possible depressive symptoms and suicidal ideation in patients on Phenobarbital and consider changing treatment. This would help in preventing potentially fatal complications similar to what happened in the case of our patient.

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Source of support: None

Conflict of interest: None declared

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First Submitted: 22nd October 2016

Published Online: 4th February 2017