Imipramine-Induced Hallucinations

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Visual hallucinations which occur during tricyclic antidepressant treatment have been thought of as a toxic side effect¹⁾. Recently, however, this view has been refuted and it has been postulated that visual hallucinations are specific side effects²⁾. We have had a case which might support this recent view.

CASE REPORT

A 65-year-old widow and mother of four children had a brain haemorrhage, which resulted in left hemiplegia. After two months of rehabilitation training, she gradually began to manifest lonelinss, suicidal ideas, sleeplessness, early morning wakening, loss of appetite, and weight loss (5 kgs.). No medication other than hypnotics had been administered for a month until she started complaining of delusions in which she believed unshakably that her whole family would go bankrupt, that she was responsible for it, that her "illness" could never be cured and that she would be confined to a psychiatric ward for the rest of her life. She was then transferred to a psychiatric unit. A diagnosis of endogenous depression was established. Imipramine was given starting from 75 mgs per day and increasing to 125 mgs without marked improvement. Six mgs of perphenazine was then added on day 13, and this was followed by the disappearance of delusions as well as a reduction in depressive mood and psychomotor retardation.

During the night of day 15, she had two short episodes of hallucinations. In the first one, following a short sleep, she saw figures of unknown people on a wall of the room and she heard music. Then she slept for a short while. She woke up in the middle of the night, and saw two old women squatting down in the corner. She was frightened and went to the nursing station. A nurse asked to go and see these old women. When the patient and the nurse went back, the patient claimed that one woman had already disappeared whilst the other was now seen lying on the patient's bed. The patient was so scared that she was provided with a side room near the nursing station over night. On the following morning, however, she admitted that what she had seen were "illusions", She also noticed stains on the wall, and said she had mistaken them for the figures of the people (of the first episode).

Medication was continued at the same dosage. She improved considerably and was discharged on day 53.

DISCUSSION

The visual hallucinations experienced by this patient have a few points in common with the cases reported by Schlauch³⁾ and those by Hemmingsen and Refaelsen²⁾ after treatment with amitriptyline.

Firstly, real though the hallucinations were for the patient at the time, she soon gained insight in that she realised she was "hallucinated". There was no sign of clouding of consciousess particularly in the second episode, in which the figures she saw were projected on outer objective space.

Secondly, the experience occurred during the recovery phase. Neither the present patient nor those in other stu dies manifested hallucinations while severely depressed.

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Thirdly, the patient had never had hallucinations before. Nor had she a hysterical personality. It is interesting that many cases exhibiting tricyclic antidepressants-induced hallucinations, like the present one, were usually elderly women. It may be speculated that aging and other organic factors, in this case, a stroke, can predispose the occurrance of hallucinations.

Antidepressant-induced visual hullucinations can be distinguished not only fron toxic side effects, in which consciousness is clouded, but also from affect-congruous hallncinations, in which the contents of the hallucinations can be understood from the mood. Yet little attention has been paid to this issue. Systematic investigations are needed.

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イミプラミンによる幻覚状態

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脳血管障害後に抑うつ状態を呈した65才の女性患者についてイミプラミンが投与され、投与量が1日当り75mgより125mgに増量されてから2回にわたるごく短時間の幻視を訴えた。意識の溷濁を示唆する所見がなく、急速に病識が出現し、さらにヒステリー性格を思わせる病前性格ではないことから、イミプラミンに惹起された幻覚状態であろうと思われた。

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