SHORT REPORT

Suicide attempt in ulcerative colitis patient after 4 months of infliximab therapy — A case report

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Abstract

In the summary of product characteristics of infliximab (IFX), psychiatric side effects are reported to be rare, and in literature only limited data exist. This report presents a case of a patient with ulcerative colitis who developed a depression with psychotic symptoms during IFX therapy and made a suicide attempt 4 months after the initiation of therapy. Although the time between start of IFX therapy and onset of symptoms could suggest a correlation, this, of course, does not prove that IFX was the causative factor for his depression and suicide attempt.

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1. Introduction

Infliximab (IFX) is a chimeric monoclonal antibody directed against the proinflammatory cytokine TNF-alpha. It has been shown to be highly effective in the treatment of autoimmune disorders such as rheumatoid arthritis and inflammatory bowel disorders (IBD).1–3 Since 2006 IFX has been approved in Europe for the treatment of moderate-to-severe Ulcerative Colitis (UC) in patients who have an inadequate response to conventional therapy.4

The discussion about the general safety profile of IFX is mainly focused on opportunistic infections, (haematological) malignancies and immunogenicity to the drug.5–7 In addition, publications exist on safety of surgery in patients undergoing proctocolectomy with ileal pouch-anal anastomosis for ulcerative colitis in the setting of prior IFX therapy.8

Psychiatric side effects while under IFX treatment are reported to be rare. In the summary of product characteristics of IFX, undesirable psychiatric effects in clinical studies and post-marketing observations are reported as ‘uncommon’ (≥1/1000–<1/100) and include: depression, amnesia, agitation, confusion, insomnia, somnolence, nervousness and apathy.9 Psychosis and suicide are not reported in the summary of product characteristics.

We present a case of a patient who developed a depression with psychotic symptoms during IFX therapy and made a suicide attempt 4 months after the initiation of therapy.

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2. Case presentation

A 43 year old male with steroid refractory UC was treated with IFX since 4 months. In this period a total of 4 infusions were administered according to the remission induction scheme, followed by one maintenance infusion. His UC symptoms responded well to this therapy. In this same period, the patient experienced some minor work-related stress caused by the worldwide recession. He developed negative thoughts and sleeping problems during these months. There was no past psychiatric history.

In the week before his suicide attempt, which was 4 weeks after his last infusion, the negative thoughts increased. He developed insomnia, psychomotor agitation and feelings of insufficiency. Five days prior to his attempt he visited his general practitioner, who concluded that he was suffering from a burnout. He was referred to a psychologist. He was told there was a waiting-list of several weeks to months, leading to more rumination. Two days later, the patient was collected by the police after an emergency call from his wife, who had received a confused phone call from the patient. Psychiatric examination led to the diagnosis depressive disorder for which olanzapine (Zyprexa) 5 mg and venlafaxine XR (Efexor XR) 75 mg were started. After one day he refused to take his medication. One day later he was found in the bathroom with multiple stab wounds in his abdomen and neck.

Emergency surgery was performed in which two small bowel perforations, a cut sternocleidomastoid muscle and a transected trachea were treated. Following surgery the patient was admitted to the intensive care ward. After 2 days of sedation and intubation the patient wakened in the periodically safety update report. But as this database is dependent of spontaneous reporting, it might be underreported.

In conclusion, although other factors possibly have contributed to the depression and suicide attempt, we strongly suspect that the IFX therapy has been the causative factor, but we have no proof of it. The exact risks of suicidal depression, suicidal ideation and suicide attempt in patients treated with IFX could not be clear due to underreporting and, in addition, the low incidence. Therefore it is important that cases like these are reported.

Acknowledgement

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References