

# SUCCESSFUL ANTIDEPRESSANT TREATMENT WITH AN ORAL SOLUTION OF IMIPRAMINE DURING A SHORTAGE OF IMIPRAMINE TABLETS: A CASE REPORT

Fernández Ferreiro A, Esteban Cartelle H, Suárez Artime P, García López A, González-Anleo López C, Blanco Dorado S, Amarante Fente C, García Sabina A, González Barcia M, Lamas Díaz MJ. Complejo Hospitalario Universitario de Santiago de Compostela. Spain.

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## BACKGROUND

Psychiatric patients are generally associated with low rates of treatment adherence. Simplification of treatment regimen often improves compliance.

## PURPOSE

Report a case of major depressive disorder in maintenance treatment with imipramine during a shortage of imipramine tablets.

## MATERIALS AND METHODS

### PATIENT:

- Woman, 82 years old
- Major depressive disorder with psychotic features (since 2005)

### TREATMENT (Oct 2013):

- Imipramine 50mg 3-0-0
- Quetiapine 50mg 1-0-2
- Trazodone 100mg 0-0-1
- Clonazepam oral solution 0-5-10 drops
- Valproic acid 200mg/day
- Lorazepam 2mg 0-0-1
- Candesartan/Hydrochlorothiazide 32/12,5mg/day
- Atorvastatin 20mg/day

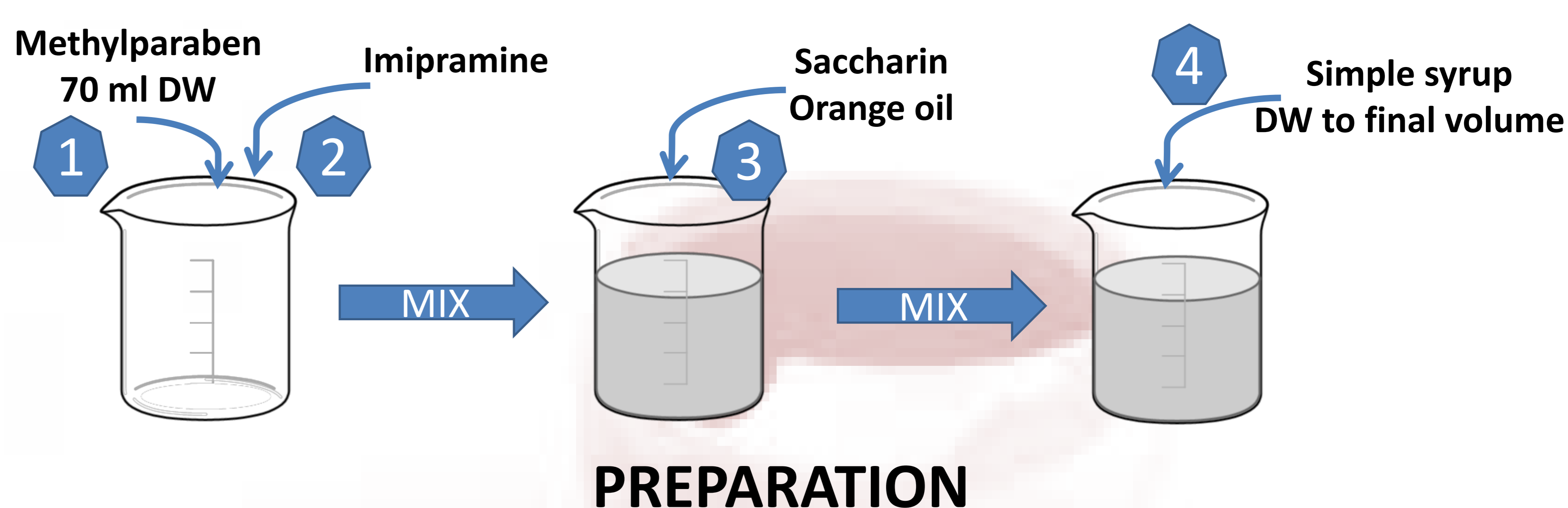
In October 2013, the supplier company of imipramine 50mg tablets announced a shortage of the drug. Our national Drug Agency began to import tablets of Imipramine chlorhydrate 10mg. Our patient was told to take 15 tablets a day.

Two months later the psychiatrist observes that the patient suffers delusions again. The principal caregiver informs that her mother has abandoned treatment 2 weeks ago because of the number of tablets.

The psychiatrist contacted with the Pharmacy Service to evaluate another alternative. We proposed to compound an oral solution of imipramine 25mg/ml to simplify treatment regimen (6ml/day):

### MATERIALS

- Imipramine chlorhydrate: 2,5g;
- Sodium methylparaben 99%: 100mg;
- Simple syrup: 30ml;
- Saccharin solution: 0,5ml;
- Orange oil: 0,05ml;
- Distilled water (DW) qs 100ml



## RESULTS

Ten days later, we measured plasmatic levels of imipramine to check the adherence. Results: Imipramine: 72ng/ml, Desipramine: 31ng/ml, Imipramine+Desipramine: 103ng/ml; (Therapeutic range: 150-250ng/ml). At the next consultation, 50 days later, the psychiatrist observes a significant clinical improvement in our patient.

## CONCLUSIONS

- Drug shortages are an increasing problem that forces both physicians and pharmacists to seek therapeutic alternatives. Pharmaceutical compounding can be a valuable option when changes of drug or dosage form are not desirable.