CASE REPORT

Psychosis Associated with Weight-loss Product Containing Sibutramine: A Case Report

Saifuddin TM, Rahim N, Mansor NZ

Department of Psychiatry, Hospital Tengku Ampuan Afzan, Pahang, Malaysia

Abstract

Sibutramine is a prohibited weight-reducing agent used in many weight-loss products, which has been banned in many countries since 2010 including Malaysia due to its toxicities and mortality effect. The widespread use of these sibutramine-containing products has raised concerns regarding their side effects, which include psychological symptoms. In this case report, we highlight a case of psychosis induced by the use of this product. We present a case of 36-year-old Burmese lady who has three admissions to psychiatry ward with psychotic presentation after on-going consumption of weight-loss product containing sibutramine.

Keywords: Psychosis, Sibutramine, Weight-loss Product

Introduction

A widespread variety of illegal weight-reducing agents has been found in slimming products that may result in significant toxicities and even mortality [1]. One of it is sibutramine which has been banned due to cardiovascular safety issues since 2010. Even though sibutramine has an established efficacy in reducing weight, many studies have highlighted the potential side effects such as hypertension, dry mouth, constipation and insomnia [2].

Many countries, inclusive of Malaysia, have banned the use of this product for this reason. However, due to limitation in the regulation, illegal slimming products that contain sibutramine are still widely obtainable in the market [3].

One of the less known side effects of sibutramine is psychological symptom such as mania and psychosis. Several reported cases have highlighted the association between with the use of products containing sibutramine and the presence mania and psychosis in a normal person [4, 5].

In this paper, we present a case of 36-year-old Burmese lady who presented with three episodes of brief psychosis related to her prior use of weight-loss product containing sibutramine.

Case Report

A 36 years old Burmese lady, married housewife, who has had three admissions to psychiatric ward due to aggressive behavior and psychosis. Initially she was diagnosed
as Brief Psychotic Disorder during the first admission.

Subsequently, the diagnosis was changed to Delusional Disorder during the second admission as she became paranoid toward her husband and aggressive without any other psychotic symptoms. However, after discharged, she defaulted her appointment and medication as she felt already well. The husband also described her to be back to her pre-morbid self even without treatment.

Only after a year later, on the third admission, her husband disclosed that the patient took weight-loss pills (from Indonesia) before she developed psychosis. It was also revealed that the two previous episodes were also precipitated by the same weight-loss pills. She also had episodes of unwell intermittently for four months in between second and third admission due to consumption of the pills.

Before the third admission, she developed another episode of psychosis and aggressive behavior after consuming the pills for one-week duration. She hit her husband with a rod and became verbally abusive toward her family members. Upon further questioning, she admitted of having second person auditory hallucination which was commanding in nature. Apart from that, she also had a tactile hallucination; described as insect crawling on her body. However, she denied any depressive or manic symptoms.

The patient and her husband also admitted having several stressors which mainly financial issue and marital conflict were her husband who works as a fisherman had a lot of debt. In order to help her husband, she was also working as online seller. She also had to keep up with her husband’s frequent sexual demands. She also admitted feeling tired and insecure that her husband might find other women to fulfill his sexual needs. Hence, although the main reason she took the slimming pills was for weight reduction and to look more beautiful, it also helped her to feel more energetic.

We were able to get the weight-loss pill container by the help of the husband and one of the active ingredient stated is sibutramine. The weight-loss pill which contained sibutramine was banned by Ministry of Health Malaysia in early of 2017.

Her diagnosis was changed to sibutramine induced psychosis after all investigations were done to rule out any organic causes. She was then started with Tablet Risperidone up to 1 mg per day while she was in the ward. She was advised to stop taking the pill as it showed to have induced the psychotic episodes. Her psychosis resolved even before she was discharged on the ninth day of admission.

**Discussion**

Sibutramine is a serotonin (5-HT) and noradrenaline (NA) re-uptake inhibitor. It works through its active metabolites which induce marked weight loss by affecting both food intake and energy expenditure [2]. Thus, it has been used in illicit slimming product for it mechanism of action. Apart from weight reduction, this patient also consumes the slimming product adulterated with sibutramine to gain energy.

Eventhough it was known for its weight reduction effect, the benefit of sibutramine is still questionable. In patients with schizophrenia and schizoaffective disorder being treated with Olanzapine, sibutramine was an effective and well-tolerated adjunct to behavior modification for weight loss [6]. However, weight loss with sibutramine is related with both positive and negative
changes in cardiovascular and metabolic risk factors. There is inadequate evidence to accurately determine the long-term risk benefit profile for sibutramine [7]. Therefore, sibutramine still causing more harm than its benefit.

Due to the risk of serious cardiovascular events, Sibutramine was withdrawn from the U.S market and also from the EU and the Republic of Korea in 2010. However, despite the official ban of sibutramine, illicit products containing sibutramine are still available in many countries [3]. It has been sold using the name of ‘herbal’ or ‘health product’ for slimming. Unfortunately, people often expect no side effects or interactions from untested herbal products substances which are pharmacologically or toxicologically relevant to them [8]. Hence, its market will never stop unless the consumer aware the risk of illicit slimming products adulterated with sibutramine.

Furthermore, adulterated sibutramine or sibutramine analogs in “herbal” slimming products were commonly associated with psychosis which produced an uncommon dose dependent adverse drug reaction [9]. In addition, severe catatonia and psychotic symptoms associated with sibutramine overuse in the patient who had no prior psychiatric history was also reported [10]. Sibutramine also was reported may induce bipolar episodes in bipolar patient [11]. Some reported “Herbal” product containing sibutramine also induced Panic Disorder [12]. Thus, awareness of its psychiatric side effects is important as the psychosis is self-remitting after stopping the Sibutramine [13].

This case displayed the consequence of consuming weight-loss product mixed with sibutramine and important of to enquire history of consumption of weight-loss product, herbal product or other substances. It is important to avoid misdiagnoses. This will prevent needless long-term antipsychotic to the patient.

References


**Corresponding Author**
Dr. Tengku Mohd Saifuddin,
Department of Psychiatry,
Hospital Tengku Ampuan Afzan,
Kuantan, Pahang,
Malaysia

**Email:** saifrao87@gmail.com