**Off-Label Management of Psychogenic Vomiting – A Case Report**

Almeida, HS1,2; Martins da Silva, C1; Fonseca, C1

1. Magalhães Lemos Hospital, EPE
2. Department of Neurosciences, Faculty of Medicine of the University of Porto

*hugoalmeida@hmlemos.min-saude.pt

**OBJECTIVES**

The authors present a case-report of psychogenic vomiting (PV) treated with off-label medication, with further diagnostic and treatment considerations.

**MATERIALS/METHODS**

Clinical data was used. We reviewed the existing literature in PubMed® database, over the last 20 years, using the query “psychogenic vomiting” OR “functional vomiting”. Thirty four papers were found, of which 15 were selected.

**CASE REPORT**

40-year-old man, presented to psychiatric consultation complaining of bilateral galactorrhea. He was on sulpiride 200mg/id as symptomatic treatment of persistent post-prandial vomiting. Apart from a tympanomastoidectomy due to a chronic otitis media with cholesteatoma, he had no comorbidities. No anxiety or depressive symptoms were found, neither were abnormal findings on gastroenterologic examination.

Following failed trials of fluoxetine 40mg/id, escitalopram 20mg/id, metoclopramide 10mg/3id and haloperidol 5mg/id, switch to olanzapine 10mg/id resolved both vomiting and galactorrhea. After 2-years, treatment was complicated with weight gain (IMC 29) and new-onset severe obstructive sleep apnoea (AHI 63/h; EI 21). Concomitant unemployment due to daytime sleepiness triggered an adjustment disorder with depressive symptoms. Antidepressant medication was started with progressive mood improvement, but antipsychotic dose reduction was limited by the resurgence of symptoms.

With appropriate pneumonologic treatment (with CPAP), nutrition counselling sessions and antidepressant treatment, clinical improvement was achieved with complete remission of depressive symptoms. He is now employed as a carpenter, and was discharged from our hospital. Follows treatment with olanzapine 10mg/id with his general practitioner.

**THEORETIC CONSIDERATIONS**

Psychogenic vomiting is rarely included in epidemiologic studies on eating disorders, with little information on diagnosis and treatment available(2). Misdiagnosis of presumed psychogenic vomiting disorders in cases of gastrointestinal disorders is reported in the literature(1), and fuels the debate on the validity of this entity, in favor of a functional gastrointestinal disorder (5,7).

Despite being clinically indistinguishable from cases of gastroparesis, both peripheral and central nervous system abnormalities may contribute to its pathogenesis(11). Psychosocial factors are believed to play an important role in the majority of cases(11).

**AREAS INVOLVED IN NAUSEA/VOMIT**

<table>
<thead>
<tr>
<th>LOCATION</th>
<th>IMPORTANT RECEPTORS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CNS</td>
<td>H1, M1, NK1, 5-HT3</td>
</tr>
<tr>
<td>Gastrointestinal System</td>
<td>Periphery</td>
</tr>
<tr>
<td></td>
<td>5-HT3, Mechanoreceptors, Chemoreceptors</td>
</tr>
<tr>
<td>Vestibular System</td>
<td>Periphery</td>
</tr>
<tr>
<td>Other (Cerebral Cortex, Limbic System , Meninges, Thalamus &amp; Hypothalamus)</td>
<td>CNS Complex</td>
</tr>
</tbody>
</table>

Its pharmacological treatment is challenging, with reports of antidepressant use(4,6,8,9) in cases with affective and anxiety disorders comorbidity. The use of psychotherapy(3) and gastric electrical stimulation(12) has been shown to benefit in selected cases. No reports were found on the successful use of medication in non-depressed, non-anxious patients, with off-label medications described based on presumed etiologic pathways(13).

**CONCLUSIONS**

The case report presented describes a case of PV, referred to psychiatric care, treated successfully with antipsychotics. Several adverse effects prompted complex pharmacologic management and highlighted the need for a multidisciplinary approach and further investigation on effective treatments.

**REFERENCES**