

The Multiple Applicability of Olanzapine

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Abstract

Framework:

Palliative care has brought to medicine new approaches to patients with serious, incurable and progressive illnesses. They act at the level of symptomatic control, but also psychological, social, spiritual and grief support. Drugs are often used based on their secondary effects, as is the case of olanzapine, which is an atypical antipsychotic, with primary indication in the treatment of schizophrenia and bipolar disorder.

Description of the Clinical Case:

- Woman, 35 years old, resident in Lisbon.
- Pancreas neoplasm with liver and brain metastization.
- Uncontrolled symptoms – vomiting, pain, anorexia, caxexia, insomnia, existential suffering.

Discussion:

In this case, good symptomatic control was important to later address the existential suffering.

Initially she was medicated with morphine, dexamethasone, ondansetrom and mirtazapine. There was a slight improvement in anorexia, but the remaining symptoms kept. Then, olanzapine was introduced, with increasin doses, until important improvement in vomiting, insomnia, anorexia and caxexia. kept morphine, dexamethasone and mirtazapine. Stopped onsansetrom, despite antiemetics can be associated.

The dose of olanzapine was increased to 7.5 mg, with complete symptomatic control.

Olanzapine is an atypical antipsychotic, a thienobenzodiazepine, with affinity for binding sites d1-d4, serotonergic (5-ht), muscarinic (subtypes 1-5), adrenergic (alpha 1) and histaminergic (h1). Its absorption is not affected by food and can be administered orally (also with orodispersable formulation) or subcutaneously.

Conclusions:

Olanzapine can control various symptoms with just one pill, such as vomiting, insomnia, anorexia, caxexia and changes in behavior. This clinical case is illustrative of the potential of this drug, but its applications are described in the literature and in various scientific articles.

