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Tacrolimus and psychosis in post-transplant recipients**Beeta Verma**

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Abstract: Tacrolimus is a potent immunosuppressive agent used to prevent graft-versus-host disease after bone marrow and other organ transplantation. We report three patients with no prior psychiatry history with apparent Tacrolimus-induced psychosis. To our knowledge, there are few reports that describe psychosis induced by the immunosuppressant drug. It is imperative to quickly identify patients who develop a mental status change while on Tacrolimus, substituting with another immunosuppressant, and possible use of antipsychotics. We came to the conclusion that the symptoms of Tacrolimus-associated neurotoxicity may be reversed in most patients by substantially reducing the dosage of immunosuppressant or discontinuing these drugs. Sometimes Tacrolimus blood levels can be in normal range and patient can still have symptoms and symptoms can be improved dramatically when the Tacrolimus is stopped.

Learning Objectives: The symptoms of Tacrolimus-associated neurotoxicity may be reversed in most patients by substantially reducing the dosage of immunosuppressant or discontinuing these drugs (1). Sometimes Tacrolimus blood levels can be in normal range and patient can still have symptoms and symptoms can be improved dramatically when the Tacrolimus is stopped (5).

Discussion: Tacrolimus is erratically and incompletely absorbed. Further, the biological half-life can vary from 3.5 to 40.5 hours. Metabolic by-products of the drug retain activity. For these reasons, it is thought that there is a poor relationship between the emergence of neurologic side effects and plasma levels of the drug; rather, side effects of Tacrolimus are thought to be related to the total amount of drug in the body (2). In our CASE no: 3, the prograf dose was decreased to half and the patient tolerated it well with no psychosis symptoms or agitation. Tacrolimus used in renal transplantation also may predispose patients to an increased risk of psychosis (3). Sometimes Tacrolimus blood levels can be in normal range and patient can still have symptoms and symptoms can be improved dramatically when the Tacrolimus is stopped (5). In our CASE no: 2, patient had her kidney transplant. Prograf was stopped immediately on admission and her symptoms improved. For our CASE no. 1 Theprograf dose was initially decreased, and no improvement was shown so prograf was stopped completely with changed to different immunosuppressant. We came to the conclusion that the symptoms of Tacrolimus-associated neurotoxicity may be reversed in most patients by substantially reducing the dosage of immunosuppressant or discontinuing these drugs (1). Sometimes Tacrolimus blood levels can be in normal range and patient can still have symptoms and symptoms can be improved dramatically when the Tacrolimus is stopped (5).

Biography

Beeta Verma received her medical degree in Moscow, Russia and then completed her Adult Psychiatry Residency at Drexel University College of Medicine. She also completed a Fellowship in Child and Adolescent Psychiatry, at Penn State Hershey Medical Center. She also participated in a clinical research program sponsored by New Jersey Department of Education and Department of Labor. She favors a compassionate, person-centered approach to treatment focusing on establishing a therapeutic connection with her patients and colleagues.

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