Olanzapine induced urinary incontinence
(Olanzapinin ortaya çıkardığı idrar tutamama)

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To the editor,

Olanzapine is one of the atypical antipsychotics that commonly used.¹ Olanzapine causes frequently metabolic side effects like weight gain, hyperglycemia, dyslipidemia in patients.²,³ Urinary incontinence is a rare side effect of olanzapine. In this case presentation we reported a case of psychiatric patient who developing urinary incontinence after started olanzapine. A 30-year-old woman was admitted to the psychiatry outpatient unit with complaints of insomnia, loss of appetite, malaise, disorganized speeches, self talking, obsessions, and disorganized behavior for two weeks. In her past psychiatric history she used venlafaxine 75 mg per day for a diagnosis of adjustment disorder. Because of her daughters health problems she felt anxious one year ago. We diagnosed atypical psychosis and stopped venlafaxine and started olanzapine 10 mg per day started to the patient. After starting olanzapine the patient had urinary incontinence three consecutive days. In her past medical history there was no urinary incontinence and we consulted this problem with urology. They did not find any urologic problem will lead to urinary incontinence. Her urinalysis was normal. She did not use any other medicine. The neurological examination did not reveal anything about urinary incontinence. And we thought that urinary incontinence may be due to olanzapine medication and we stopped olanzapine and started aripiprazole. Urinary incontinence disappeared. The patient had 6 point (probable) with Naranjo Adverse Drug Reaction Probability Scale.⁴ We thought that olanzapine induced urinary incontinence to the patient. In the literature Sagar et al. reported a case of double incontinence following started of 20 mg per day olanzapine.⁵ Vernon et al. reported that the treatment of urinary incontinence which induced by olanzapine with ephedrine.⁶ Dada et al. reported nocturnal and diurnal incontinence with olanzapine.⁷ The mechanism of olanzapine induced urinary incontinence is not fully understood. M1 muscarinic receptor blockade of olanzapine may cause urinary incontinence via urine overflow. The other mechanism is that adrenergic receptor blockade cause decrease the bladders' sphincter contraction resulting incontinence.⁸ Additionally, in a study with rats, olanzapine is inhibited the activity of the external urethral sphincter.⁹ Clinicians should be aware of this rare side effect of olanzapine and our results should be clarified by further studies.

REFERENCES


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