

P01-293 - **PSYCHIATRIC MIS-DIAGNOSES AND ESCITOLOPRAM TREATMENT OF MOOD AND ANXIETY DISORDERS IN MYASTHENIA GRAVIS: A CASE REPORT**

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Myasthenia gravis (MG), is a chronic, autoimmune disease involving neuromuscular junctions [1]. Psychopathological disturbances and misdiagnosed as a psychiatric disorder are frequently reported in patients with MG because of variable and fluctuating course of disease [2]. However, during the course of the disease, mainly depression and anxiety disorders can be added to the clinics [1].

Case: The complaints such as weakness, difficulty swallowing and speaking that worsening at evening, may be easily supposed neurotic disorders, in a twenty-two year old male patient, has started about two months ago. In neurology clinic, in requested psychiatric consultation; there were complaints like inability to breathe, sweating, palpitations, reluctance, pessimism and unhappiness.

The patient has diagnosed according to DSM IV-TR as "Agoraphobia without panic disorder" and "Major Depression, Single Episod". Escitolopram titrated by 20 mg/day has started. Depressive and agoraphobic symptoms have disappeared at the end of four weeks (HAM-A-D:24;11-21;9).

Discussion: MG patients, especially during the beginning of disease symptoms in almost all patients with the appeal was referred to the psychiatric services and 1/3 of it has been reported as psychiatric mis-diagnosis [1,2]. Choice of psychotropic drugs is important that do not affect the respiratory center and neuromuscular transmission. Agents, used in the treatment of MG, can inflame psychopathology and can create resistance to psychotropic treatment. Therefore, cooperation of neurologist and psychiatrist is important.

References:

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