

Panic Disorder with Gastric Presentation Treated with Duloxetine: Three Case Report and Literature Review.

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Introduction The presence of panic disorder (PD) [1,2,3] is associated with numerous of cardiovascular, respiratory, gastroenterologic and neuro-otologic symptoms. PD is an anxiety disorder with a good outcome and prognosis, but if it isn't recognized cause a worse quality of life and a reduction of global functioning. The aim of our study is to put the attention on this delayed form of PD that are very good treated with duloxetine.

Method GV, a 29-year-old caucasian woman affected by PD with agoraphobia referred for recurrent gastroenteric symptoms (heartburn, chest tightness). PA, a 64-year-old caucasian woman affected by PD without agoraphobia referred for recurrent gastroenteric symptoms (heartburn). TB, a 45-year-old caucasian man affected by PD without agoraphobia referred for recurrent gastroenteric symptoms (heartburn, tightness, eructation). All patients are evaluated by gastroenterologist to excluded fisical gastroenterological problems. After 6 months all patients treated with duloxetine 60 mg/day, showed a complete remission of gastric and panic related symptoms.

Results Three case report positive treated with duloxetine, without particular adverse effects and litterature review.

Discussion and conclusion Others authors hypothesized the duloxetine, a serotonin-norepinephrine inhibitor that has greater initial noradrenergic effects than venlafaxine, would have broad efficacy for individuals with PD. Descending serotonin and norepinephrine pathways are modulators of pain perception, and duloxetine have an analgesic effect on painful physical symptoms. Further research is warranted to replicate our clinical observations.

Reference(s)

- [1] Kessler RC et al., 2005.
- [2] Preve M et al., 2013.
- [3] Kessler RC et al., 2006.