

## ESITALOPRAM FOR ANTIPSYCHOTIC NON-RESPONSIVE COMPLEX VISUAL HALLUCINATIONS: EIGHT PATIENTS SUFFERING FROM CHARLES-BONNET SYNDROME

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**Background:** The Charles Bonnet syndrome (CBS) is characterized by distinct visual hallucinations and visual impairment in patients with insight and the absence of psychiatric comorbidity. The number of reported cases of CBS is expanding as the population ages and the prevalence of vision disorders increases. The efficacy of antipsychotics in CBS is based on sketchy evidence. The use of serotonin selective re-uptake antidepressants (SSRI) for CBS is anecdotal.

**Aim:** To describe effectiveness of escitalopram in a series of patients suffering from CBS who were unresponsive to antipsychotic treatment.

**Methods:** Eight consecutive patients suffering from CBS who did not respond to standard antipsychotic treatment were switched to escitalopram. CBS severity prior to escitalopram treatment was quantified using the Clinical Global Impression (CGI) scale and again after 8 weeks of treatment. All had undergone brain -CT and cognitive assessment.

**Results:** There were 4 men and 4 women, mean age  $81.7 \pm 7.3$  years. Brain -CT imaging was normal except for an incidental finding of a small frontal meningioma in one patient. All had MMSE scores  $\geq 27/30$ . Previous antipsychotic treatment was mostly with risperidone 1.0 to 3.0 mgs/daily. Mean CGI-severity upon switching to escitalopram treatment was 5.7. This was significantly reduced to 1.8 ( $p < 0.001$ ) after 8 weeks of escitalopram treatment (mean dose: 11.8 mgs/daily). There were no side-effects nor adverse events reported.

**Conclusions:** This is the first case-series to show that SSRIs are an effective and well-tolerated treatment for visual hallucinations associated with vision impairment such as in the CBS.