

Hair Loss as a Side Effect of Quetiapine: A Clinical Case Report

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Abstract

Case Report

Introduction: Quetiapine is an atypical antipsychotic that acts as an antagonist on serotonin, dopamine, histamine, and adrenergic receptors. It is approved for the treatment of schizophrenia and mood disorders and is commonly used off-label for depression, anxiety, and insomnia. Common side effects include drowsiness, dizziness, and headaches. Although hair loss is a rare side effect of psychotropic medications, it has been reported with certain drugs but remains poorly documented. **Case:** We report the case of a 37-year-old man treated for major depressive disorder who experienced hair loss after two months of quetiapine treatment. Following the discontinuation of quetiapine, hair loss stopped, and hair regrowth was observed. **Discussion:** This is the first documented case in Morocco associating quetiapine with hair loss. Telogen effluvium, a condition of hair loss often triggered by stress or medications, can occur with psychotropic drugs like certain mood stabilizers and antipsychotics. Similar cases have been reported in New Zealand, Turkey, and Germany. **Conclusion:** Quetiapine is widely prescribed in Morocco, but this case highlights the need for awareness regarding rare side effects like hair loss. This study suggests a reevaluation of quetiapine's tolerability and encourages further research to better understand these potential side effects and improve prescribing practices.

Keywords: Quetiapine, Hair Loss, Telogen Effluvium, Psychotropic Medications, Side Effects.

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INTRODUCTION

Quetiapine, an atypical antipsychotic, exerts antagonist effects on serotonin, dopamine, histamine, and adrenergic receptors. The drug's primary sedative effect is attributed to its histamine (H1) receptor antagonism. Though its side effects are generally milder than those of conventional antipsychotics, quetiapine has antipsychotic, mood-stabilizing, and antidepressant properties. The FDA has approved it for schizophrenia and mood disorders, and it is frequently prescribed off-label for conditions such as depression, agitation, anxiety, and insomnia. Common side effects (occurring in more than 10% of patients) include drowsiness, dizziness, dry mouth, headache, extrapyramidal symptoms, and weight gain.

The occurrence of hair loss linked to psychotropic drugs, including quetiapine, is rare and typically underreported in medical literature. Confirmation of drug-induced hair loss often relies on observing resolution after discontinuation and recurrence upon re-exposure, which can be challenging for affected patients.

Several medications are known to cause telogen effluvium, a temporary hair loss condition associated with drugs such as beta-blockers, ACE inhibitors, anticoagulants, oral contraceptives, nonsteroidal anti-inflammatory drugs, anticonvulsants, and some psychotropics. Hair loss generally appears a few months after treatment initiation and is typically reversible.

CASE

The patient is a 37-year-old man with no significant medical history who has been treated for major depressive disorder with psychosomatic symptoms for two years. Initial symptoms included depressive mood, anhedonia, fatigue, and concentration difficulties. After partial symptom improvement with escitalopram and sulpiride, the patient was switched to venlafaxine (150 mg/day). He later experienced weight loss and insomnia, prompting the addition of quetiapine (25 mg at night, gradually increased to 200 mg). One and a half months after starting quetiapine, the patient reported significant hair loss. A thorough medical workup, including a full blood count and thyroid, metabolic, and hormonal tests, revealed no abnormalities. Quetiapine was discontinued due to the

severity of hair loss (estimated at over 70%). Follow-up one month later showed cessation of hair loss, with hair regrowth over the subsequent nine months.

DISCUSSION

This case is notable as the first reported instance in Morocco of quetiapine-induced hair loss. While telogen effluvium is a well-documented cause of diffuse, non-scarring hair loss, psychotropic-induced hair loss remains relatively underexplored. Various studies have linked antipsychotics like quetiapine to hair loss, but such findings are mostly based on individual case reports.

Hair loss is a distressing side effect that can affect compliance with treatment. Diagnosing medication-induced hair loss requires ruling out other causes and may involve a hair-pull test, trichogram, and biopsy. For patients with suspected medication-related hair loss, discontinuation of the offending drug, if feasible, may be necessary.

This report contributes to the growing body of evidence linking psychotropic medications to hair loss, particularly quetiapine. Similar cases in New Zealand, Turkey, and Germany provide additional support for this association, underscoring the need for heightened awareness and further research.

CONCLUSION

This study reveals a significant association between hair loss and quetiapine, challenging the perception of its favorable tolerability. By bringing attention to this rare side effect, we aim to promote greater vigilance, more comprehensive patient monitoring, and informed prescribing practices in psychiatric care.

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