

Author's Accepted Manuscript

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PII: S0033-3182(14)00055-3
DOI: <http://dx.doi.org/10.1016/j.psym.2014.03.008>
Reference: PSYM455

To appear in: *Psychosomatics*

Cite this article as: MenonRanjit MBBS, FRANZCP, NgChee MBBS, MMed, MD, FRANZCP, Sertraline - induced Microscopic Colitis, *Psychosomatics*, <http://dx.doi.org/10.1016/j.psym.2014.03.008>

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Sertraline - induced Microscopic Colitis

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Mr. B, a 63 year old Caucasian man, with no previous relevant history of medical problems was admitted to hospital under a gastroenterologist for further investigation following a referral by his general practitioner. The presenting complaint was a 4 week history of watery diarrhoea with associated weight loss of about 15 kg. There was no history of fever, vomiting or arthralgia. He had not travelled outside Australia over the previous 2 years. He was commenced on Sertraline about 6 weeks prior to admission to treat anxiety and depressive symptoms in the context of recent psychosocial stressors.

He had no previous history of psychiatric difficulties or treatment. This depressive episode was triggered by the loss of his business and related financial stress. He was initially treated with Venlafaxine XR 75 mg daily but could not tolerate this after a week due to nausea. The medication was subsequently switched to Sertraline after a period of drug washout of over 2 weeks. At the time of admission he was on Sertraline 100 mg daily, and Alprazolam 0.5 mg as required at night.

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