

Psychiatric Complications in Antimalarial Prophylactic Drugs Users

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Letter to the Editor

Malaria is still considered as a public health problem. Nowadays, a drug resistance of malaria parasite is one of the challenges that malaria control team is faced to it [1]. There is Malaria related problems in 90 countries of the world. About 40% of world population lives in areas where there is risk of malaria transmission [2]. 300 to 500 million individuals exposed to malaria annually turn it into one of the most infectious disease. South eastern province in Iran such as Sistan and Baluchestan, hormozgan and southern Kerman is regions of this disease. However, in the past two decades after the collapse of the former soviet, the western region of Iran has been malaria-prone country because of their close proximity to the republic of Armenia and Azerbaijan. The lack of regular malaria control programs is another reason of this phenomenon. However, the total population in endemic areas of south east was about 6% of the population, while more than 75% of malaria transmission occurs in these areas [3]. Prevention with malaria drug has been widely used and it was valuable. Unfortunately, it cannot be used in many tropical regions because the problem of drug resistance, especially to chloroquine is widespread and growing daily.

Experimental studies and observations suggest use Chloroquine or Mefloquine and doxycycline has been linked with an increased risk of psychiatric complications. Many of these reports relied on data based on interviews of passengers. The risk of psychosis, panic attacks, depression and suicide attempt are prevalence during or after the anti-malaria drugs. The rate of psychosis or panic attacks during exposure to Melfoquine is 2 times higher than other drugs [4]. Patients using anti-malarial drugs show more psychiatric disorders including anxiety disorders, stress and depression [5]. Serious side effects such as acute psychosis have been reported after treatment with chloroquine. The most common type of mental disorder in chloroquine users is mood disorder with irritability. Positive symptoms such as hallucinations and distorted reality are observed in patients who use chloroquine. They become agitated and anxious. Disturbed orientation and thought content problems are observed in them but the

insight was normal. There is no linear relationship between the dose of chloroquine and severity of psychosis [6]. Psychiatric complications ranging from anxiety, depression, hallucinations, paranoia, psychosis and suicide are obvious and predictable about Mefloquine anti malaria users [7]. It is important to mention malaria is a parasitic disease that is seen in refugee of areas with poor sanitation. For this purpose, travel medicine should consider it as a main issue to be studied.

There is a history of seizure and bipolar disorder in people with mefloquine [8]. It has a high tendency to bind to the dopaminergic receptor and causes the hallucinogenicity [9].

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