

Effective Treatment of Eisotrophobia With Duloxetine: A Case Report

To the Editor: Eisotrophobia is the fear of seeing oneself in the mirror; it is a very infrequent specific phobia. The ideal treatment is typically cognitive-behavioral psychotherapy, as it is for other phobias.^{1,2} However, psychotherapy may fail to reach a significant therapeutic effect. Medication may be an alternative, although its efficacy in specific phobias is very limited. Described here is the case of a woman with eisotrophobia associated with major depression who was successfully treated with duloxetine monotherapy.

Case report. Ms A is a 55-year-old woman who has experienced eisotrophobia continuously for 30 years. Ms A's phobia was associated with a feeling of distress and shame. On a visual analog scale of 0 to 10, her fear was regularly scored above 9. During 30 years, she had no other Axis I or II disorder. Ms A had never been treated for eisotrophobia and was medically healthy. She presented to our outpatient unit searching for psychotherapy to treat her phobia.

Ms A was diagnosed with eisotrophobia per *DSM-IV* criteria. She was treated with well-guided cognitive-behavioral therapy and with hypnosis with no positive results. In the following months, Ms A developed a major depressive episode without psychotic features with a moderate severity per *DSM-IV* criteria. She was treated with escitalopram, which was progressively increased to 20 mg during 3 months with no success. She then received venlafaxine titrated to 300 mg and maintained for approximately 16 weeks, but this pharmacologic trial also failed to achieve remission. In fact, we did not observe any improvement in depressive symptomatology or in phobia symptoms. Ms A continued to experience both depression and eisotrophobia until the introduction of duloxetine 60 mg/day.

Approximately 6 weeks after the initiation of duloxetine treatment, Ms A's depression was in full remission. Concomitantly, her level of fear associated with mirrors dropped from an analog score of 9 to 2. Ms A considered this improvement as very impressive, with a complete disappearance of feelings of shame and distress. Six months later, Ms A was still taking duloxetine, and eisotrophobia was no longer a problem.

This is the first description of a case of eisotrophobia successfully treated with duloxetine, even after failure with other antidepressants. Data about the potential efficacy of antidepressants in specific phobias are limited to small groups with unconvincing results.^{3,4} It is important to know that in psychotherapy-resistant specific phobias, and particularly in eisotrophobia, duloxetine may be a valuable option.

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