**DULOXETINE EFFECTIVE FOR EISOPHOBIA**

To The Editor : Eisophobia is the fear of seing oneself in the mirror. It is a very unfrequent specific phobia. Like for other phobias, the ideal treatment is probably cognitive behavior psychotherapy (1, 2). However, psychotherapy may fail to reach a significant therapeutical effect. Though its efficacy in specific phobias is very limited, medications may be an alternative. Here, we decribe the case of a woman suffering from eisophobia associated with major depression successfully treated with duloxetine monotherapy.

Mrs A. is a 55-year-old woman suffering from eisophobia for 30 years. This phobia was associated with a real feeling of distress and shame. On a visual analogous scale going from 0 to 10, the fear was regularly scored above 9. During 30 years, She did not have any other axis I, or axis II disorder. The phobia was reported by her as continuous over the 30 years. She was medically healthy. She had never been treated for this specific phobia. She came to our out-patient unit searching for a psychotherapy to decrease the suffering associated to her phobia. She was successively treated with a well-guided cognitive therapy (CBT) and with hypnosis without any positive results. In the following months, she developped a major depressive episode without psychotic features with a moderate severity. She was treated with escitalopram progressively increased to 20 mg during at least 3 months but without any success. She then received venlafaxine titrated till 300 mg maintained during a period of about 16 weeks, but this pharmacological trial also failed to achieve remission. In fact, we did not observed any improvement in depressive symptomatology as well as in phobia symptoms. Mrs A. continued to suffer from both depression and eisophobia, before the introduction of duloxetine 60 mg/day. About 6 weeks after the initiation of duloxetine, the patients was in full remission from depression. Concomitantly, the level of fear associated with mirros dropped from 9 to 2. The patient considered this improvement as very impressive with a complete disappearance of feelings of shame and distress. Six months later, still under duloxetine, eisophobia was not a problem anymore.

This is the first description of a case of eisophobia successfully treated with duloxetine, even after failure with other antidepressants. Data about the potential efficacy of antidepressants in specific phobias is limited to small groups with not so convincing results (3, 4). It is important to know that in psychotherapy resistant specific phobias, and particulalrly in eisophobia, duloxetine may be a valuable option.

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