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INTRODUCTION

Prevent Senior is a Brazilian health insurance company in São Paulo dedicated to people aged from 49 years. Currently, it serves a population of approximately 430.000 beneficiaries. This paper is a clinical case describing the remission of akathisia induced by Olanzapine after association of propranolol and biperiden in a female patient with late paranoid schizophrenia. An important and distressing side effect after the introduction of neuroleptics is akathisia or motor restlessness. It may be confused with increased psychoactivity and anxiety, usually leading to augmentation of antipsychotic dose, which could further worsen the condition. Propranolol is a non-selective beta-adrenergic beta blocker, used primarily as an antihypertensive agent alone or in association with others.

MATERIALS AND METHODS

Interview with patient, bibliographical review and revision of medical records.

CASE REPORT

Patient, CCN, female, 62 years, history of first psychotic outbreak at age 57, since then with several psychiatric hospitalizations (2013, 2016, 2017, 2018) diagnosed with late paranoid schizophrenia (CID-10 F20.0 and DSM- V 295.90), characterized mainly by persecutory delusions, auditory hallucinations and psychomotor agitation. Our case began after the last hospitalization in 2018 - where he was discharged after 4 weeks with improvement of positive and organizational symptoms. In the use of Olanzapine 15mg per day and zolpidem and biperiden - as comorbidity patient has SAH (systemic arterial hypertension), Hypercolorostomy and Hypothyroidism - using Captopril, 25mg per day, levothyroxine 100mcg per day and simvastatin 20mg per day.

In the first evaluation, the patient already had significant akathisia and parkinsonism, where the anticholinergic was elevated to 4mg per day. Improvement of the tremors and with slight significance in the improvement of the akathisia - that at the beginning were the whole day and later they prevailed more in the morning and evening period. In the second evaluation, propranolol 20mg was added in the morning, after 20 days there was a significant improvement in the motor restlessness status - with the patient already participating in mental and physical rehabilitation activities without prejudice. It was then elevated propranolol to 40mg daily - with remission of akathisia. And keeping the psychiatric clinical picture stable and without side effects.

DISCUSSION AND CONCLUSION

Akathisia is a disorder of the hyperkinetic movement characterized by an inner restlessness, sometimes described as anxiety and an irresistible urge to move, which causes the patients to remain in almost constant motion. The patient has difficulty staying seated, usually walking continuously; swing your body back and forth while sitting or standing; raise your foot as if it were in place; cross and uncross the legs when sitting or perform other repetitive and meaningless actions. Akathisia may present as an acute, subacute or late phenomenon and occurs with medications that alter dopamine levels in the CNS, including typical and atypical neuroleptics.

Due to the patient's serious history of various hospitalizations and the probable use of other neuroleptics, she was chosen to maintain olanzapine despite the important side effects, the psychiatric clinical response was definitive. In this case after improvement of parkinsonism with biperiden and then association of propranolol and remission of akathisia is an important alternative to maintain antipsychotic therapy that transmitted the picture. Motor restlessness and other extra pyramidal symptoms are side effects that increase the poor adherence or abandonment of pharmacological treatment in the outpatients - occurring greater clinical morbidity and hospitalization numbers. Despite the probable polypharmacy in the case in question the patient already had SAH where propranolol can also act. There are other alternatives for the treatment of akathisia with anticholinergics, benzodiazepines, vitamin B6 and beta-blockers. Still no perfect treatment for akathisia and it also depends on the dopaminergic sensitivity of each individual and neuroleptic drug dopaminergic potency.

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