SEVERE LATE-ONSET DYSTONIA DUE TO THE USE OF ANTIPSYCHOTICS: A CASE REPORT

D.D. SANTOS SILVA¹, D. NOBRE BARBOSA², G. VASCONCELLLOS AMARAL³.

¹Universidade Federal do Rio de Janeiro, Instituto de Psiquiatria, Rio de Janeiro, Brazil.

²Unidade Local de Saúde do Litoral Alentejano, Unidade Local de Saude do Litoral Alentejano, Santiago do Cacém, Portugal.

³Fundação André Arcoverde, Faculdade de Medicina de Valença, Valença, Brazil.

BACKGROUND

Tardive dystonia (TD), a rarer side effect after longer exposure to antipsychotics, is characterized by local or general, sustained, involuntary contraction of a muscle or muscle group, with twisting movements, generally slow, which may affect the limbs, trunk, neck, or face. TD has been shown to develop in about 3% of patients who have had long-term exposure to antipsychotics. If untreated, it may lead to permanent debilitation. Chronic dopamine receptor antagonism is strongly associated with TD symptoms. The low risk of TD for atypical antipsychotics is thought to result from their weak affinity for dopamine receptors. Compared with typical, atypical antipsychotic agents have a greater affinity for serotonin 5-HT_{2A} than dopamine D₂ receptors, with a low propensity to induce TD.

OBJECTIVES

The present study aimed to demonstrate, through a case report, a severe side effect of antipsychotics (Late-onset Dystonia) and its correct management.

MATERIALS AND METHODS

This study is a case report.

CASE REPORT

F.A.M., 29 years old, male, elementary school. At the initial examination, the patient presented generalized dystonic movements that simulated convulsive tonic-clonic seizures, associated with pain, sweating and weight loss. In addition to cervical dystonia that takes your head to the back. He had been diagnosed with paranoid schizophrenia for 5 years and had used risperidone in high doses since then. Infectious or metabolic causes were eliminated. Risperidone has been discontinued, initiated clozapine and clonazepam, with improvement of generalized symptoms within weeks. There was maintenance of cervical dystonia, which was treated with botulinum toxin applications in the posterior cervical muscle groups, with partial improvement. Applications continue to be made every six months to maintain results. The treatment also involves psychotherapy, physiotherapy and physical therapy. Drug-induced movement disorders are commonly observed, but late-onset dystonia is rare and should be early diagnosed and treated.

RESULTS AND CONCLUSIONS

Late-onset dystonia is a syndrome that occurs after prolonged use of dopaminergic blockers, with an estimated incidence of 2%. The dystonic movements typically affect the cranial and cervical musculature, leading to blepharospasm, torticollis and cervical dystonia. The first therapeutic measure is the elimination of the causative agent. However, the remission rate of the symptoms is usually low, and drug treatment is usually required. When tardive dystonia is relatively localized, as is the case for focal or mild segmental forms, botulinum toxin, which blocks release of acetylcholine at the neurotransmitter junction, can be considered. Local injections of botulinum toxin are reportedly very effective for treatment of focal dystonia. Injection of botulinum toxin in minute quantities into the contorted muscles induces prolonged muscle weakness without systemic toxicity. The therapeutic effects of botulinum toxin last on average 2-6 months as new nerve terminals develop. Excessive weakness of the injected muscle, which is the main adverse effect, is usually mild and transitory. Over 15% of patients may develop neutralizing antibodies in response to botulinum toxin treatment and become non-responders.

A person with medication induced dystonia

James Heilman, MD - Own work

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