Tiapride for the Treatment of Auditory Hallucinations in Schizophrenia

Sagar Karia, Nilesh Shah, Avinash De Sousa, Sushma Sonavane

ABSTRACT

Hallucinations are considered as core symptoms of psychosis by both International Classification of Diseases–10 (ICD-10) and Diagnostic and Statistical Manual for the Classification of Psychiatric Disorders – 4th edition text revised (DSM-IV TR). The most common types of hallucinations in patients with schizophrenia are auditory in nature followed by visual hallucinations. Few patients with schizophrenia have persisting auditory hallucinations despite all other features of schizophrenia having been improved. Here, we report two cases where tiapride was useful as an add-on drug for treating persistent auditory hallucinations.

Key words: Auditory hallucinations, schizophrenia, tiapride

INTRODUCTION

The International Pilot Study of Schizophrenia estimated that 70% of schizophrenia patients suffered from hallucinations.[1] The most common hallucinations in schizophrenia are auditory in nature followed by visual hallucinations. Tactile, gustatory, and olfactory hallucinations are less common in these patients.[2] Hallucinations as a part of functional or organic psychosis responds best to antipsychotic drugs. 25-30% of the auditory hallucinations in schizophrenia are refractory to traditional antipsychotic drug treatment. Even with the advent of newer antipsychotics, a significant minority of patients continue to experience persistent hallucinations.[3] Apart from pharmacological treatments, other therapies such as transcranial magnetic stimulation,[4] cognitive behavior therapy,[5] and hallucination-focused integrative treatment[6] have been tried for treatment of the auditory hallucinations. Tiapride is a substituted benzamide antipsychotic and has a selective D2 and D3 dopamine receptor antagonist activity in limbic brain areas and the locus ceruleus.[7] The usual indications of tiapride use are the presence of extrapyramidal symptoms or other dyskinesias, hyperkinesias, patients with Huntington’s Chorea[8] and also geriatric agitation and restlessness.[9] It has also been used in some cases of alcohol withdrawal.[10] The common side-effects with tiapride are drowsiness, extrapyramidal symptoms, dizziness, and orthostatic hypotension.[11] Here, we report two cases of schizophrenia with persistent auditory hallucinations that responded favorably to tiapride as an add-on drug to their already existing drug treatments.

CASE REPORTS

Case 1
A 37-year-old right handed female Christian graduate was brought to the out-patient department by family members with chief complaints of hearing voices inaudible to others, suspiciousness toward others as
though they are talking about her and plotting against her since the past 5 years. She would hear voices of known and unknown people saying sometimes good things and majority of times saying bad things to her. She would get commanding hallucinations telling her to tear her books, bible, certificates, etc. She also complained of occasional anger outbursts, decreased sleep, and stopped doing household activities. She was diagnosed as having Paranoid Schizophrenia as per Diagnostic and Statistical Manual for the Classification of Psychiatric Disorders – 4th edition text revised (DSM-IV TR) (DSM-IV TR) criteria and was started on olanzapine 10 mg/day, haloperidol 10 mg/day and trihexyphenidyl 4 mg/day all in oral formulations. Gradually, the doses were increased weekly to olanzapine 20 mg/day, haloperidol 20 mg/day, and trihexyphenidyl 6 mg/day. Her suspiciousness and other behavioral disturbances started decreasing. However, her auditory hallucinations persisted even after 6 months of regular treatment. Clozapine 25 mg at night was added, which was gradually increased to 100 mg at night. Her hallucinations persisted, but there was some improvement in that the number of people whose voices she used to get reduced. She continued having auditory hallucinations lasting whole day. The patient and relatives were not willing for electroconvulsive therapy (ECT) as a treatment option. Hence, tiapride 50 mg/day was added after 6 months of addition of clozapine 100 mg. Her hallucinations started reducing in frequency and duration. After 2 weeks of tiapride therapy, the dose was increased to 100 mg/day in divided doses. The patient was completely relieved of her hallucinations in 4 weeks of starting tiapride. Olanzapine was reduced as she complained of excessive sedation with it. Currently, the patient is on haloperidol 20 mg/day, olanzapine 10 mg/day, trihexyphenidyl 6 mg/day, clozapine 100 mg at night and tiapride 100 mg/day. She was assessed for hallucinations using the hallucinations subscale of the psychopathology rating scale (PSYRATS). Her score on the hallucination subscale improved from 28 to 11 after the addition of tiapride.

**Case 2**

A 32-year-old married 10th standard educated female was brought to the out-patient department by her sister with complaints of suspiciousness toward the neighbors that they are talking about her and that they would kill her and her family members since the past 6 months. She would feel that they are keeping a watch on her by cameras fitted in her house by them. She would also hear voices inaudible to others commenting on her actions and sometimes giving running commentary also. She also had decreased sleep and decreased working ability. She was diagnosed as having Paranoid Schizophrenia as per DSM-IV TR criteria and was started on risperidone 4 mg/day and trihexyphenidyl 4 mg/day. Gradually risperidone was increased to 8 mg/day in weekly increments and trihexyphenidyl to 6 mg/day. Her symptoms showed no improvements after 1 month and olanzapine 10 mg/day was added, which was increased gradually to 20 mg/day. Her suspiciousness reduced and her sleep improved. She started doing routine and household activities. However, her complaints of auditory hallucinations were persistent even 6 months of treatment. She and her family members were not consenting for ECT and tiapride 50 mg/day in divided doses was added to her medication. She started feeling better, her voices began to reduce and the intensity and frequency of hallucinations decreased. Tiapride was gradually raised to 150 mg/day in divided doses. The patient claimed 80% improvement in auditory hallucinations after 2 months of addition of tiapride to her medication. Her total score on the PSYRATS-hallucination subscale improved from 41 to 25 after addition of tiapride.

**DISCUSSION**

Tiapride offers good results in patients whose main complains are auditory hallucinations, which have not responded to other antipsychotics. It is useful particularly when ECT may not be a viable option. Tiapride does not cause sedation; hence, it can be added easily with other antipsychotics and no worries of cumulative sedation effects. To best of our knowledge, there are no literature on use of tiapride for auditory hallucinations, but there is one report on the treatment of visual release hallucinations with tiapride.[12]

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How to cite this article: Karia S, Shah N, De Sousa A, Sonavane S. Tiapride for the treatment of auditory hallucinations in schizophrenia. Indian J Psychol Med 2013;35:397-9.

Source of Support: Nil, Conflict of Interest: None.