“SLURRED SPEECH AND TREMORS RESULTING FROM ANTIPSYCHOTIC THERAPY IN A PATIENT WITH BIPOLAR DISORDER: A CASE REPORT”

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INTRODUCTION

Bipolar disorder (BD) is a mood disorder characterized by recurrent episodes of depression and mania. BD-I and BD-II are the two major subtypes, according to the Diagnostic and Statistical Manual 5. BD-I has a manic episode frequently combined with depression, whereas BD-II has a hypomanic episode often combined with depression [1]. Mood stabilizers, antidepressants, antipsychotic drugs, electroconvulsive therapy, adjunctive medications, and psychosocial therapies are some of the treatment options for BD management. There is evidence to suggest that when lithium or valproate is used in addition to antipsychotics to treat acute mania, the effectiveness is higher, and the initiation of action is faster than when used alone. Accordingly, combinations can be used depending on the severity of the mania [2]. Tremor is a trembling sensation caused by an involuntary, rhythmic muscle contraction in one or more areas of the body. Medications that cause tremors include tricyclic antidepressants, monoamine oxidase inhibitors, antipsychotics, lamotrigine, thyrxine, and nicotine. The most common drug-induced tremors are bilateral action tremors [3]. Antipsychotic medications have the ability to disrupt speech processing mechanisms because they affect the neuromuscular system. Speech problems, particularly acquired types, can affect communication and life experiences [4].

CASE REPORT

A 20-year male patient was admitted to the psychiatry department with chief complaints of abnormal behavior, excessively hungry, paranoid delusion, excessive talking, irrelevant talking, and excessive talking in the past 3 months. He was under medication olanzapine 5 mg and clonazepam 0.25 mg. These symptoms were worsened before 1 week as he had stopped taking the medication. Personal history reveals that he had a habit of a mixed diet, sleep disturbances, and decreased appetite, not a known alcoholic/smoker. No relevant family history was found. According to the subjective evaluation and statistical manual of mental health services, he had a habit of a mixed diet, sleep disturbances, and decreased appetite, not a known alcoholic/smoker. No relevant family history was found. Accordingly, combinations can be used depending on the severity of the mania [2].

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DISCUSSION

Psychiatric comorbidity is present in 50–70% of patients with BDs [5]. Extrapyramidal symptoms and the possibility of tardive dyskinesia are more common with first-generation antipsychotics. Slurred speech, tremors, anxiety, and paranoia are all extrapyramidal symptoms. Second-generation antipsychotics, also known as atypical antipsychotics, have shown direct or indirect benefits in the treatment of anxiety disorders; their additional role as mood stabilizers, which has a generally positive impact on bipolar mood switching, may be advantageous for patients with co-morbidities.

CONCLUSION

There is a scarcity of evidence for what constitutes best practice in antipsychotic monitoring. The main objectives for the monitoring of antipsychotics are to detect treatable pathology in a high-risk population and to connect and track antipsychotic-induced adverse effects. The caseworker, general practitioner (GP), and psychiatrist are also in charge of physical health monitoring. A monitoring protocol should be implemented into every patient’s care plan, according to mental health services.

Keywords: Tremors, Bipolar disorder, Cyclothymia, Antipsychotics.
AUTHORS’ CONTRIBUTIONS

Mr. S. Padmakar was involved in data collection, data organization, data interpretation, case study analysis, preparation, reviewing, and editing of the manuscript.

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ETHICAL COMMITTEE

Ethical approval was not applicable to the case report in our institution.

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