Pimozide Augmentation of Clozapine in Hebephrenic Schizophrenia: A Case Report

D.N. MENDHEKAR, DEEPAK GUPTA, DEEP LOHIA, R.C. JILOHA

ABSTRACT

Poor outcome hebephrenic schizophrenia patients are clinically challenging. In this report, we demonstrate the usefulness of pimozide add-on therapy to ongoing clozapine regime in a case who poorly responded to clozapine, ECT and adequate trials with at least two conventional antipsychotics.

Key words: treatment resistance, hebephrenic schizophrenia, clozapine, pimozide.

INTRODUCTION

Antipsychotics in high doses are not necessarily successful in therapy resistance schizophrenia (Marder, 2000) whereas switching to another antipsychotic of a different class could be a better alternative. In patients who are refractory even to clozapine, co-administration of another antipsychotic, i.e., risperidone, loxapine, sulpiride, olanzapine or pimozide may produce favorable results (Stubb et al., 2000).

In this report, we highlight the successful use of pimozide to augment ongoing clozapine treatment.

CASE

Mrs. K, a 28-year lady, presented with a history of abnormal behavior, which started insidiously and remained progressive for 14 years. She was found to have inappropriate laughter, muttering, odd gestures, social withdrawal and wandering tendency. In addition, she had disruptive behavior and occasional urinary incontinence. She spoke irrelevantly and had poor personal care and social interest. On occasions, she would express paranoid ideas and hallucinatory behavior.

On first contact, her mental status examination revealed poor grooming, inadequate eye contact, frequent grimacing, loosening of association and inappropriate affect. At this point, she was diagnosed as hebephrenic schizophrenia.

In the past, Mrs. K was treated with haloperidol 25 mg/day and chlorpromazine up to 700 mg/day without any response. About 7 years back, she was treated with a course of ECTs, which produced a minimal response, whereupon she was married. However, her clinical condition deteriorated within 2 months. She was treated with olanzapine 40 mg/day, 8 months back, for 12 weeks, but there was no response. Later, she was given another course of 12 ECTs with a marginal, ill-sustained response.

After the diagnosis and baseline investigations, the patient was switched over to clozapine monotherapy. The dose was gradually increased to 450 mg/day, with weekly monitoring of blood counts. Even at this dose, she did not show any change in her behavior. However, the dose could not be further increased because of excessive sedation. Pimozide was then added and gradually increased to 8 mg/day, along with trihexyphenidyl 4 mg/day. ECG was done at regular, frequent intervals. After addition of pimozide, Mrs. K showed marked improvement in her behavior, particularly in affect, personal care, irrelevant talk, and grimacing. However, she continued to exhibit withdrawn behavior and had to be prompted to carry out her activities. This case was followed up for 6 months without any relapse of psychotic symptoms.

DINCUSSION

The term augmentation in this case refers to the use of two agents to achieve an enhanced antipsychotic response. Recent review on augmentation of clozapine (Stubb et al, 2000) did not mention about treatment with ECT, duration of illness, type of schizophrenia, type of antipsychotic drug that the patient was receiving, and presence of comorbidity. Friedman et al (1997) have earlier reported on the augmentation of clozapine with pimozide, in 5 schizophrenic patients.

As pimozide prolongs the QT interval, one should anticipate an additive effect on QT interval if co-administered with other drugs having similar pharmacokinetics (Kastrup, 1999). Hence, we had to frequently monitor ECG.

The reason for enhanced clinical efficacy of pimozide augmentation to clozapine in schizophrenia is difficult to explain. Pimozide may have increased the level of serum clozapine (Friedman, 1997).

Although atypical antipsychotics are now available, treatment resistant patients continue to challenge the clinician. For these patients, pimozide add on could offer a realistic augmentation strategy.

REFERENCES

Friedman, J., Ault, K., Powchik, P. (1997) Pimozide augmentation for the treatment of schizophrenic patients who are partial responders to clozapine. Biological Psychiatry, 42, 522-523.

Kastrup, E.K. (1999) Drug Facts & Comparisons, 54 ed. St. Louis Facts & Comparisons, pp. 876-877.

Marder S.R. (2000) Schizophrenia: Somatic treatment. In: Comprehensive Textbook of Psychiatry, (Eds) Sadock, B. & Sadock, V., pp. 719-720. 7th edition. William & Wilkins, Washington.

Stubb, J.H., Haw, C.M., Staley, C.J., Mountjoy, C.Q. (2000) Augmentation with Sulpiride for a schizophrenic patient, partially responsive to Clozapine. Acta Psychiatr. Scand.102: 390-394.

*Correspondence