RISPERIDONE INDUCED DYSTONIC REACTION AND AKATHISIA

Sir,
Risperidone is an atypical antipsychotic with a reported lower potential for extrapyramidal side effects at therapeutic doses than haloperidol (Marder & Meibach, 1994). Till date, there are only case reports of dystonic reaction (Faulk et al., 1996) and akathisia (Rosebush et al., 1997) during risperidone treatment. This is case report of acute dystonic reaction and akathisia in a chronic schizophrenic patient during initiation with risperidone treatment.

Mr. B was a 18 year old male with DSM - IV diagnosis of chronic schizophrenia in acute exacerbation. He was not on treatment with any antipsychotic at the time of consultation. After admission and consent for treatment his regimen began with risperidone 1 mg b.i.d. on the first day and was increased to 2 mg b.i.d. on the second day and to 3 mg b.i.d. on the third day. On the fifth day, Mr. B developed acute dystonic reaction (torticollis). His only concomitant medication was alprazolam 0.25 mg t.i.d. Fifteen minutes after an injection of promethazine, 25 mg IV, the attack of dystonic reaction was resolved. Since he continued to develop intermittent dystonic reaction of the same nature he was started on an oral dose of trihexyphenydyl 2 mg at morning and afternoon and was instructed to continue risperidone and alprazolam. He had no recurrence of dystonic reaction, however, on the seventh day he started complaining of severe restlessness with objective evidence of akathisia. For the disabling akathisia he was started on propranolol, 20 mg t.i.d. which was increased to 40 mg, t.i.d. on the tenth day. Even after fifteen days of treatment with the above regimen there was no improvement for akathisia and the condition of the patient deteriorated, hence risperidone was discontinued. After a period of one week akathisia was completely subsided and he was started on a regimen of clozapine which was increased to a maximum dose 200 mg per day over a period of one month. Follow up evaluation revealed no dystonia or akathisia but good clinical improvement.

Acute dystonic reaction and other extrapyramidal side effects have long been associated with D₂ receptor blockade of classical antipsychotics. However, for drugs like risperidone it has been proposed that release of D₂ receptor blockade at nigrostriatal level by the blockade of 5HT₂ receptors will lead to lower incidence of EPS (Kapur and Remington, 1996). Pre clinical pharmacological tests which provides the most homologous model of EPS in non human primates has shown that both in haloperidol sensitised and drug naive monkeys risperidone produces considerable dystonic reaction at predicted antipsychotic doses (Goldstein and Snyder, 1995). This case report suggest that close patient monitoring is essential concerning the risk of extrapyramidal symptoms even for atypical antipsychotics like risperidone as it may adversely affect compliance. Being a newer antipsychotic risperidone needs further clinical experience to determine the comparative risk of extra pyramidal symptoms as opposed to typical antipsychotics.

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P.N. SURESH KUMAR, M.D., D.P.M., D.N.B. (Psychiatry), M.N.A.M.S., Lecturer, Department of Psychiatry, Medical College, Calicut 673 009

EXFOLIATIVE DERMATITIS DUE TO CARBAMAZEPINE

Sir,

A 57 years, male patient, frequently treated with antipsychotics in the past for manic episodes, was kept on carbamazepine maintenance therapy 600 mg per day since three months. Relatives called for emergency home visit with complaints of restlessness. Not sleeping since three days, itching all over the body and breathlessness.

On examination there was pilling of skin all over the body, multiple bruises and scratches, oedema feet-pitting on pressure, legs like elephants, patient was grasping for air and shouting for distress, unable to seat for a few minutes, had multiple ronchi and rales on respiratory auscultation.

Patient was immediately hospitalized, physician and dermatologist were called. Other systemic examinations and investigations were inconclusive include Hb, TLC, DLC, Platelet count, Blood Urea, USG Abdomen, X-Ray Chest, fundus.

Provisionally diagnosed as a case of Exfoliative dermatitis - Carbamazepine was stopped - Haloperidol 20 mg and lorazepam 10 mg per day titrated - Dexamethasone 24 mg per day intravenously given, rapidly tapered and omitted in seven days - Anti allergic, anti-histaminics hydroxyzine (Atarax) 75 mg per day was given. Gradually tapered in two months - Broncho dilators and other symptomatic drugs were given - Patient was discharged after seven days and was itch free after two months

Comments: We must be open to accept, diagnose, manage side effects of drugs - Liaison with other speciality is very rewarding - Uncommon side effects may be less commonly diagnosed - In inter-episodic periods of bipolar affective disorder psychotherapeutic management may be tried, instead of mood stabilizers for years.

KANABAR JAYESH, M.D. (Psychiatry) Canal Road, Near Nagarik Bank, Rajkot 360 002, Gujarat

PREVALENCE OF MENTAL AND BEHAVIOURAL DISORDERS IN INDIA: A META-ANALYSIS

Sir,

Estimation of the magnitude of psychiatric and behavioral disorders is essential for planning the implementation of National Mental Health Programme in India. Lack of a comprehensive nationwide data on these problems have led to a long felt need for a metaanalysis on the magnitude of these problems in the subcontinent. The present article by Reddy and Chandrasekhar (1998) has fulfilled this lacunae.

Metaanalysis gives the summary of several studies having similarity in terms of selected methodological and analytical criteria (Cook et al., 1995). However, the problem of potential bias in such type of study should be kept in mind before accepting the final results.

The studies selected for the meta-analysis had the inclusion criteria of a house to house survey. In absence of properly selected study population based on scientifically valid sampling techniques as reported in few of the selected studies (Elnagar et al., 1971; Nandi et al., 1975; Nandi et al., 1977; Nandi et al., 1980a; Nandi et al., 1980b).