

Quetiapine treatment of risperidone-related tardive dyskinesia. A case report

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Quetiapina en el tratamiento de la discinesia tardía secundaria a risperidona. A propósito de un caso

It has been demonstrated that there is less possibility of developing tardive dyskinesia with the new antipsychotic drugs, which is considered one of the milestones of the idea of atypical antipsychotics. Furthermore, these drugs have shown some efficacy in the treatment of tardive dyskinesia caused by other antipsychotics, however, at present, there are no controlled studies on this. Nonetheless, there is evidence that differences exist in regards to the tendency to develop acute extrapyramidal reactions and, thus, at least theoretically, in tardive dyskinesia among the new antipsychotic agents. Of these, it seems that risperidone presents the greatest tendency to acute extrapyramidal reactions, there having been descriptions of cases of tardive dyskinesia associated to its administration¹, and, on the other hand, cases of tardive dyskinesia treated with risperidone^{2,3}. Associated cases of tardive dyskinesia with quetiapine^{4,5}, as well as its efficacy in the treatment of tardive dyskinesia caused by other antipsychotics^{6,7} have also been described.

We present the case of a patient who had developed orolingual tardive dyskinesia while under treatment with risperidone that completely abated after changing the treatment to quetiapine.

This is a 42 year old female patient diagnosed of bipolar schizoaffective disorder with 9 years evolution. During her disease, she received several antipsychotic treatments (oral and depot) in combination with valproate. She required hospitalization on four occasions, the last being five years ago, and has been stable and on single drug therapy with 6 mg daily of risperidone since then. During this time, the presence of acute extrapyramidalisms has not been observed and concomitant administration of anticholinergics or benzodiazepines have not been necessary.

The patient began to complain of tightness in the jaw, which was followed by dyskinetic movements in the tongue and oral and perioral muscles after one month. No other extrapyramidal abnormalities were detected in the examination. The AIMS (abnormal involuntary move-

ments scale) score was 18 points. It was decided to progressively substitute risperidone with quetiapine in one week, until administering 100 mg every 12 hours. One month after the total change of treatment, the dyskinetic movements had disappeared completely, and no exacerbation of positive symptoms or relevant psychopathology in the affective area (neither depressive nor manic) was observed, however as the patient complained of psychic anxiety and insomnia, it was decided to increase the quetiapine dose to 200 mg every 12 hours, resulting in the disappearance of these symptoms in two weeks. In the check-up at six and nine months, the patient continued without presenting dyskinetic movements and remained psychopathologically stable.

The new antipsychotic drugs aim to reach the clinical paradigm of atypical antipsychotic constituted by clozapine, in which the absence of extrapyramidalism is essential. These drugs have shown favorable differences with drugs such as haloperidol in regards to the extrapyramidal disorders, however, they do not seem to be completely comparable to clozapine and do not seem to be a homogeneous group as they present differences between them, and we consider that this clinical case is a reflection of this.

REFERENCES

1. Lykouras L, Yannakis R, Hatzimanolis J, Christodoulou GN. Two cases of risperidone-induced tardive dyskinesia and a review of the literature. *Eur Psychiatry* 1999;14:245-7.
2. Kooptiwoot S, Settachan T. Improvement of tardive dyskinesia with risperidone: a case report. *J Med Assoc Thai* 2000; 83:1430-2.
3. Chen JY, Bai YM, Pyng LY, Lin CC. Risperidone for tardive dyskinesia. *Am J Psychiatry* 2001;158:1931-2.
4. Ghelber D, Belmaker RH. Tardive dyskinesia with quetiapine. *Am J Psychiatry* 1999;156:796-7.
5. Ghaemi SN, Ko JY. Quetiapine-related tardive dyskinesia. *Am J Psychiatry* 2001;158:1737.
6. Vesely C, Küfferle B, Brücke T, Kasper S. Remission of severe tardive dyskinesia in a schizophrenic patient treated with the atypical antipsychotic substance quetiapine. *Int Clin Psychopharmacol* 2000;15:57-60.
7. Farah A. Reduction of tardive dyskinesia with quetiapine. *Schizophr Res* 2001;47:309-10.

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