AKATHISIA DURING THERAPY WITH ZUCLOPENTIXOL: CASE REPORT

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We present a case of akathisia during therapy with zuclopentixol in a patient with diagnose of schizophrenia.

Patient, 27 years old, was treated under diagnose of schizophrenia during previous 8 years. He was taking fluphenazine in therapy (daily dosage 5 mg) and was able to work and be socially active. The patient reported auditory hallucinations with unpleasant content and thought that it was because of the tablets he was taking. He became tensed and he was scared. He said he wanted to take medications as intramucular therapy because he read that such therapy was effective. Hospital treatment was initiated and zuclopentixol was introduced in therapy. After the first application of zuclopentixol, symptoms of akathisia appeared - the patient felt very restless and could not be still in one place; he was frequently standing up and walking. He described his condition as very unpleasant. Therapy with zuclopentixol was discontinued because of symptoms of akathisia. Clozapine was introduced in therapy and patient's mental condition improved gradually. Alternatives of treatment were discussed with the patient, as well as possible side effects and their treatment. Symptoms of akathisia disappeared during the following two days after the change in therapy. Along with clozapine, the patient had lorazepam (2.5 mg in the evening) in therapy. He said that he was feeling much calmer, and that he can sit still, which was noticed during hospital treatment.

He denied having auditory hallucinations. After discharge, regular outpatient treatment was continued.

COMMON PSYCHOPHARMACS ADVERSE REACTION URINARY RETENTION CAN LEAD TO LIFE THREATENING CLINICAL CONDITION – PULMONARY THROMBOEMBOLISM

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Sometimes the common adverse reaction to the psychopharmacs can lead to serious life threatening complication, PTE.

We present a case report of the patient treated with psychopharmacs, which, in mutual agonistic action, most likely cause urine retention, which probably as a consequence had an urinary infection, sepsis, shock, and PTE. It is about chronic psychiatric patient who was exposed to different combinations of psychopharmacs. Exacerbations of psychotic episodes were usually followed after self-medication of prescribed psychopharmacs. On hospital admission it was clearly stated that the patient altered state of consciousness resulted due to inadequate use of medicaments. Because of deterioration in mental status, the patient was subdued to correction of psychiatric therapy and soon after that, the retention of urine developed. The patient became febrile and the laboratory tests verified urinary infection. Inspire of the antibiotic therapy, deterioration of the physical condition persisted, so the patient was in the state of shock transferred to Intensive Care Unit where during the treatment, diagnostic procedures verified the pulmonary thromboembolism.

Due to deterioration of the patients’ physical conditions, psychopharmacs were discontinued, bringing forward antibiotic therapy based on laboratory findings, along with the correction of the electrolytic status and volume of liquids; further treatment was needed in the ICU.

Antipsychotics due to anticholynergic effect can cause urine retention. During the use of the benzodiazepines a paradoxal reaction of the muscular spasm can occur. In the everyday practice urinary infections in elderly chronic psychiatric patients are common, and can lead to sepsis. Sepsis can pass over into the state of shock, during which often develops disseminated intravascular coagulation, DIC, and in our case has led to development of PTE.