TARDIVE DYSKINESIA - DOES NOT HAVE TO MEAN THE DEFINITIVE STATE

M. Juretić-Pešića, R. Rakun & D. Lovrović
Psychiatric hospital Lopača, Lopača 11, 51218 Dražice, Croatia
mjpescica@gmail.com

The correction of psychiatric therapy can reduce the possible unwanted adverse reactions on typical antipsychotics. We present a case report of chronic psychiatric patient who developed tardive dyskinesia as a result of treatment with typical antipsychotics. Last used was fluphenazine. Due to correction of psychiatric therapy the dyskinesia decreased. During a number of years, accompanied with remissions and exacerbations, the patient presented persecutory delusions. For a long period of time in the psychiatric treatment were used typical antipsychotics, along with anticholinergics and antidepressives. At the admission she was psychomotorically unsettled, with a strong intrapsychical tension. Therapy started with small doses of fluphenazine, clozapine, biperiden and atenolol. About two weeks after, the intensity of hands dyskinetic movements increased. The therapy was corrected in a manner that would ultimately gradually increase the dose of clozapine, atenolol, and decrease to the elimination the dose of fluphenazine and biperiden. Three weeks after the correction of psychiatric therapy it gradually come to the weakening of the dyskinetic movement. Persecutory delusions fade, although, in prolonged discussion the doubt in husband's fidelity still existed.

Three weeks after the correction of the therapy an evident improvements in terms of reducing dyskinesia is shown. Retained degree of dyskinesia is not interfering with the patients everyday functioning.

Long-term application of typical antipsychotics may result in a tardive dyskinesia. Theoretical settings state that the cause of that is block of D2 receptors. That can be reduced with appropriate correction of psychiatric therapy. In this case, after the discontinuation of a typical antipsychotic, with increased doses of clozapine, atenolol, the reduction of TD is evident.

MENSTRUAL CYCLE DISTURBANCE DURING TREATMENT WITH SULPIRIDE: CASE REPORT

O. Kozumplik & S. Uzun
University Department, Vrapce Psychiatric Hospital, Bolnicka cesta 32, 10090 Zagreb, Croatia
e-mail: okozumplik@hotmail.com

We present a case of menstrual cycle disturbance during treatment with sulpiride in a patient with depressive disorder.

Patient, 36 years old, was treated under diagnose of depressive disorder for the last 12 years. She had sulpiride (daily dosage 200 mg) in therapy during previous three months, along with zolpidem (daily dosage 10 mg). The patient was feeling well, and she was able to work and be socially active. After three months of continuous therapy with sulpiride, the patient reported menstrual cycle disturbance (late menstruation), which made her feel restless. She said that she was considering stopping taking medications on her own decision, but she decided to consult psychiatrist. In the meantime, she was examined by the gynaecologist, and the examination showed that she was not pregnant. Also, there wasn't any somatic cause for such disturbance. Gynaecologist recommended psychiatric consultation. The patient was told that menstrual cycle disturbance may appear as a side effect of treatment with sulpiride. The therapy with sulpiride was discontinued and citalopram (daily dosage 10 mg) was introduced in therapy, along with zolpidem (10 mg in the evening). After one week daily dosage of citalopram was increased to 20 mg. Three weeks after discontinuation of sulpiride from therapy, patient reported that she had menstruation. Also, she said that she was feeling well (except insomnia occasionally) and that she was taking medication regularly. The therapy was continued and the patient didn't report menstrual cycle disturbance after that.