The treatment of female patients before and during hospitalization has been unsuccessful despite the whole range of different combinations of antipsychotics and mood stabilizers. Olanzapine was not in the treatment because of patient's economic reasons (monthly price was cca 200 €). After the decision of the competent Department of Health medication is placed on the free list of medication and included in the therapy promptly.

PISA SYNDROME AFTER SWITCHING FROM OLANZAPINE TO ZIPRASIDONE

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Pleurothotonus is a rare side effect mostly induced by classic antipsychotic medication. It is characterized by dystonia with lateral flexion and slight rotation of the trunk to one and head to another side. The first description dates back to 1972 (Ekbom et al.). Pisa syndrome has been recently reported also in association with atypical antipsychotics as well as with cholinesterase inhibitors and antiemetics.

We describe the case of Pisa syndrome during ziprasidone treatment in young male suffering from schizophrenia simplex who was admitted to hospital because of exacerbation of his illness.

At the time of admission he was taking 15 mg olanzapine per day which was discontinued because of inefficacy and switched to ziprasidone. Ziprasidone was introduced and titrated according to good clinical practice up to daily dose of 160 mg per day divided in two doses. Six days after introduction of ziprasidone and two days after target daily dose was achieved, patient developed acute dystonia with left sided lean and backward rotation of the trunk as well as right side head rotation. After administration of biperiden amp a 5 mg i.m. described symptoms receded, only to reappear couple of hours later. After that, ziprasidone was discontinued and biperiden was introduced for five following days via oral administration (2 mg per day), and the Pisa syndrome completely disappeared. Blood tests, electroencephalogram and computerized tomography of the brain revealed no abnormal findings. The patient finally achieved stable remission with long acting risperidone a 25 mg administered once every two weeks i.m. without further side effects.

We can hypothesize that dopaminergic – cholinergic imbalance or serotoninergic – noradrenergic dysfunction, here induced by ziprasidone might underlie clinical manifestations of acute dystonia as described above.

GYNECOMASTIA IN CLINICAL APPLICATION OF OLANZAPINE - THE CASE REPORT

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Previous clinical studies have shown that antipsychotic drugs have impact on the pituitary, adrenocortical, thyroid and gonadal activity. Olanzapine is an atypical antipsychotic in third generation of antipsychotic drug, and belongs to the group serotoninergic and dopaminergic antagonists (SDA). Besides antagonistic activities on 5-HT2 and D2 receptors a third generation of antipsychotic drugs exerts its activity on other dopaminergic (D) and serotoninergic (5-HT) receptors, as well as on the histaminic, adrenergic, muscarinic and cholinergic receptors. Therefore, with clinical application of SDA’s we could find different range of clinically significant side effects.

The case report in our work presents a patient at the age of 32 years, treated at the Department of Forensic Psychiatry and diagnosed with paranoid schizophrenia after detailed psychiatric evaluation. In the course of deterioration of the symptoms the patient was extremely aggressive and unpredictable in social context, especially in relation to other patients. Applied pharmacotherapy was modified on several occasions and clinical application of drugs varied from conventional antipsychotics to atypical one. Adverse reactions to fluphenazine and risperidone included extrapyramidal side effects. Because of the above side effects the patient was placed on combination therapy with olanzapine in the daily dose of 10 mg, diazepam in daily dose of 30 mg and chlorpromazine as needed (maximum dosage of 100 mg daily). The range of psychotic and paranoid symptoms were reduced gradually particularly those of uncontrolled outflow fury and anger. After 18 months of good therapeutic response and absence of antipsychotic side effects, the patient developed gynecomastia in absence of galactorrhea. The blood samples showed higher plasma values.