

# DYSTONIA AS SIDE EFFECT OF NEUROLEPTICS

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Dystonia is characterized with permanent contractions of the muscles, often causing spasms along with pathological position of part of the body-joint. Primary dystonia and dystonia plus are chronic and incapacitating illnesses with diverse clinical presentations especially in young persons. Differential diagnose towards other movement disorders, as well as causal diagnose present special problem.

Division of dystonias is based on 3 levels:

a) Etiology;b) Age of occurrence of symptoms;c) Distribution-affected parts of the body.

Etiologically, we differentiate primary (idiopathic) dystonia and secondary dystonia (symptomatic). In primary (idiopathic) illness, dystonia is the only clinical sign and there is no known cause or hereditary degenerative disorder - example: DYT1 dystonia.

In dystonia plus dystonia is the leading symptom, but it is accompanied with other movement disorders. There are no signs of neurodegeneration - example: myoclonus-dystonia (DYT11).

In the secondary (or symptomatic) illness dystonia is sign-symptom of neurological disorder, for example: heredodegenerative illnesses (example: Wilson's disease), brain lesions (tumors, traumas), taking medications and/or chemical products.

Dystonia as a side effect of medications is typical for therapy with neuroleptics that is blockers of dopaminergic (DA) receptors. It occurs in all ages and opposite to other extrapyramidal effects of neuroleptics it is also typical in younger age. We can differentiate acute dystonic reaction (possible generalized form) that occurs after application of antiemetics-blockers DA receptors during childhood. During treatment with neuroleptics of adults the occurrence of focal dystonias is possible in the clinical practice and very often it presents a diagnostic problem. It is necessary to have knowledge about clinical presentation and distribution of dystonia in order to treat the disorder efficiently. The most common form of focal dystonia is cervical dystonia that strikes musculature of the neck, and is characterized by torticollis (torsion of the neck), retro/anterocolis (extension of the neck onward or backward), and laterocolis (laterally). Retrocolis presents the most frequent form of side effects of neuroleptics, while other forms appear often in idiopathic illness. Early recognition is necessary for successful treatment.