

TARDIVE DYSKINESIA - DOES NOT HAVE TO MEAN THE DEFINITIVE STATE

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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 comes 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.