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Mithun S.

Assistant Professor, Department of Psychiatry, Srinivas Institute of Medical Sciences &
Research Centre, Mangalore, India
Email: mdmitsmj@gmail.com

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Mithun S.

Assistant Professor, Department of Psychiatry, Srinivas Institute of Medical Sciences & Research Centre, Mangalore, India

Email: mdmitsmj@gmail.com

ABSTRACT

Overall prevalence of tricyclic antidepressants (TCA's) causing extra-pyramidal features are low. Amongst them acute dyskinesia is not a commonly seen clinical presentation. Here, I describe a case of acute dyskinesia induced by amitriptyline. The challenges in the diagnosis and management are discussed.

Keywords: Amitriptyline, Dyskinesia, Clonazepam.

1. BACKGROUND :

Dyskinesia is one of the known extrapyramidal side effects (EPS) usually associated with use of antipsychotics [1]. Previously case reports of hyper-dyskinetic syndrome in patients receiving tricyclic antidepressants (TCA) have been described [1], [2]. The overall prevalence of TCA induced EPS side effects is low but their clinical implications are important [3]. Here I describe a case of a 38 year old female patient who presented with acute dyskinesia with use of amitriptyline.

2. CASE REPORT :

Mrs. X, a 38 year old married lady, homemaker, coming from a low socio-economic status and was residing with her husband and two children. She came to casualty with complaints of reoccurring involuntary abnormal jerky movements of her upper limbs, difficulty in walking due to pelvic thrusting, upper lip protruding movements from past 1 week. She was admitted by the physician in view of progressing symptoms with significant dysfunction. Baseline investigations of blood counts, sugars, haemoglobin, serum electrolytes, thyroid profile, liver and renal function tests were within normal limits. She had no other medical co-morbidities and nil significant past history. On clarification she reported to be taking Tab Amitriptyline 25 mg at night from past 15 days, given to her over the counter (OTC) in view of insomnia. Psychiatrist reference was given for evaluation of her insomnia and rationalisation of her medications.

On detailed clarification with the patient and her mother, 3 months history suggestive of depression precipitated by her financial stressors was evident. On physical examination the movements were typical of the clinical phenotype of dyskinesia. On Abnormal Involuntary Movements Scale (AIMS) scale she received a total score of 8, 3 on severity index, 3 on incapacitation, 3 on patient's awareness of movements. She received a diagnosis of Adjustment Disorder-Brief Depressive Reaction (F43.2) with Acute onset Dyskinesia (G24) as per ICD-10-Classification of Mental and Behavioural Disorders [4]. Amitriptyline tablet was stopped and patient was started on clonazepam 0.25 1-0-1, mirtazapine 7.5mg 0-0-1. Over duration of next 5-6 days her dyskinetic movements had reduced significantly. Patient was discharged with mirtazapine 15 mg and tapering doses of clonazepam.

3. DISCUSSION :

Acute Dyskinesia is an unusual presentation in comparison to tardive dyskinesia [5]. Acute onset dyskinesia is usually following a short term use (2-4 weeks) and tardive dyskinesia following 3 months use of antipsychotics [5-6]. The mechanism of acute dyskinesia is unclear but appears to be similar to tardive dyskinesia of increased dopamine receptor sensitivity [7]. As per Hill's criteria of causation, acute onset dyskinesia in this case was secondary to the use of Amitriptyline (TCA) [8]. The offending agent was stopped and patient started on clonazepam [9, 10] and mirtazapine [11]. But unlike previous reports,

a notable difference here is that the dyskinesia subsided significantly without persistence after stoppage of the drug.

4. CONCLUSION :

Acute dyskinesia is an uncommon side effect seen generally and with use of TCA's. This adds to the case report literature of acute dyskinesia due to use of amitriptyline. One needs to be aware of such side effects as amitriptyline has a variety of wide ranged uses in clinical settings of different specialities.

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