

P.3.f.015: Agomelatine for the treatment of dyskinesia secondary to antipsychotics: About a case

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Introduction: Dyskinesias are motor disorders that occur as side effects to treatment with psychotropic drugs, especially antipsychotics. The risk of dyskinesia with paliperidone is low, regardless of the formulation, being somewhat higher in the formulation of long duration in the first months 13.1% vs 11.7%. [1] Agomelatine is an antidepressant drug that acts on melatonin receptors, useful in the treatment of depression prevalence of cognitive symptoms. The treatment of choice when dyskinesias occur secondary to treatment with antipsychotic drug is the withdrawal and the establishment of another with a better tolerability profile, in our case was added to agomelatine treatment showing improvement motor disorder.

Objective: Description of a case in which the treatment of acute dyskinesia better with treatment with agomelatine.

Methods

Male 25 years. Good academic performance until 2011 when he obtained an Erasmus scholarship and moved to Italy for 10 months, which debuted psychotic symptoms and returned to Spain. In July 2015, following administration of paliperidone palmitate the two days he had an acute dystonia consisting of mandibular contracture with open mouth can not be closed was valued by Neurology who diagnosed as acute dystonia drug. After the appearance of this side effect treatment is suspended with paliperidone palmitate and starts aripiprazole not modify the course of dystonia so it was replaced with olanzapine 2.5mg with which managed to reduce the frequency of the opening but persisted it presents psychopathological clinical decompensation with delusional injury so olanzapine dose was increased to 10 mg. After this episode continues the dystonia/dyskinesia and the patient also complains of lack of concentration and attention deficit in the study and encourage depressed by what you decide to start treatment with agomelatine 25 mg, presenting a week improved mandibular dyskinesia both the opening level and frequency reaching disappear and improvement of cognitive and mood complaints presented by the patient.

Discussion

Agomelatine could be presented as a therapeutic option for the treatment of motor disorders as dysphonia, dyskinesias or myoclonus as already shown efficacy in cases of myoclonus secondary to hypoxic encephalopathy. [2] Agomelatine acts on melatonin receptors are widely expressed in the central nervous system and was observed in patients with Huntington's disease who took it with respect to the control group showed improved tetrabenazine locomotor and depressive symptoms. [3]

Conclusion

We observed in our case dyskinesia clinical improvement with the start of treatment with agomelatine and compensation olanzapine clinical delusional previously had not improved secondary motor disorder to treatment with neuroleptics. As you might consider agomelatine as a therapeutic option for the treatment of dyskinesias.

References

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