

A Case Report: Improvement of Zuclopenthixol Decanoate Induced Tardive Dyskinesia After Switching to Paliperidone Palmitate.

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Introduction: Long acting antipsychotics are an effective option in improving treatment adherence, but tardive dyskinesia can be problem in som cases¹

Objectives: Atypical antipsychotics with long acting formulations offer a safer option for extrapyramidal side effects but it is not clear if they are safer in tardive dyskinesia.

Aims: We report a 45 year old male patient with 25 year history of schizophrenia aiming to reveal the effects of paliperidone palmitate on oropharyngeal dyskinesia.

Methods: Chlorpromazine, haloperidole, zuclopenthixol, olanzapine and quetiapine were the antipsychotics which were used in the last 12 months. The patient had been using olanzapine 20 mg/day, biperiden 4 mg/day and zuclopenthixol decanoate 200 mg every 2 weeks in the index consultation that the oropharyngeal dyskinesia was observed. Olanzapine was discontinued and since there was need for long acting antipsychotics because of the former history of treatment non-adherence, zuclopenthixol was switched to paliperidone palmitate 150 mg every 4 weeks. Abnormal Involuntary Movement Scale was used weekly to score the dyskinetic movements.

Results: Marked improvement in movement disorder was observed after a switch from zuclopenthixol decanoate to paliperidone palmitate.

Conclusion: Long acting atypical antipsychotics may be a preferable option in patients with tardive dyskinesia if treatment non-adherence is a problem.

References:

1. Dolder CR, Jeste DV: Incidence of tardive dyskinesia with typical versus atypical antipsychotics in very high risk patients. *Biol Psychiatry* 2003; 53:1142-1145.