

P02-355

“TARDIVE DYSKINESIA INDUCED BY QUETIAPINE AND CONFIRMED BY A DAT-SCAN”  
E.N. Rizos<sup>1</sup>, S. Chatziioannou<sup>2</sup>, M. Kallergi<sup>3</sup>, A. Douzenis<sup>1</sup>, A. Apostolopoulos<sup>1</sup>, S. Bacalis<sup>2</sup>,  
V. Kontaxakis<sup>1</sup>, L. Lykouras<sup>4</sup>

<sup>1</sup>2nd Department of Psychiatry, 'ATTIKON' General Hospital, Medical School, University of Athens, <sup>2</sup>2nd Department of Radiology, Nuclear Medicine Section, University of Athens, Medical School, <sup>3</sup>3. Department of Medical Instrumentation Technology, Technological Educational Institute of Athens, <sup>4</sup>2nd Department of Psychiatry, 'ATTIKON' General Hospital, National and Kapodistrian University of Athens, Medical School, Athens, Greece

Background: Tardive dyskinesia is a serious side effect of antipsychotics' activity. Imaging of the dopamine transporter could demonstrate the possible involvement of dopaminergic pathway in the appearance of tardive dyskinesia.

Methods/results: We report a case with paranoid schizophrenia and tardive dyskinesia symptoms. A first trial with quetiapine improved TD symptoms while an increase of its dose after a relapse of the underlying disease deteriorated the TD symptoms. Following that, sertindole was initiated which led to improvement of both psychotic and TD symptoms. A DAT scan showed physiologic distribution in the basal ganglia. Six months later after a serious cardiac syncope, sertindole was discontinued. Quetiapine was then started which led again to TD symptoms. A second DAT scan showed decreased dopamine transporter uptake in the area of basal ganglia.

Conclusion: We conclude that decreased dopamine transporter uptake seemed to associate with the deterioration of TD.