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“RESTLESS ARMS SYNDROME” ASSOCIATED WITH OLANZAPINE

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Restless legs syndrome (RLS) is a common neurological disorder characterized by dysesthetic sensations in the legs and irresistible urge to move them. Arm restlessness has been reported as an accompanying feature in up to 48.7% of patients with RLS, although involvement of upper limbs is rarely reported as an initial symptom of RLS. The term “restless arms syndrome” (RAS) has been proposed for the restlessness of the arms with clinical features similar to RLS. Drug-induced RLS has been described under treatment with various drugs, including the atypical antipsychotics olanzapine, risperidone, quetiapine, and clozapine. However, there are as yet no reports on drug-induced RAS without RLS. We report on the case of a 24-year-old male with chronic paranoid schizophrenia, whereby olanzapine at 10 mg/d induced RAS within 24 hours, however reversible upon its discontinuation. A retreat of olanzapine at 5 mg/d resulted in reemergence of the syndrome, which resolved again when olanzapine was definitely discontinued. Clinicians should be aware of olanzapine's potential to induce RAS and thus be knowledgeable in its differential diagnosis, especially from antipsychotic-induced akathisia.