Antipsychotics

P-04. Antipsychotics

P-04.085 A clinical dilemma
S. Tharasan¹, A.S. Ahmad Adlan¹, S. Jambunathan¹. ¹University Malaya, Kuala Lumpur, Malaysia

Objective: Case report. Sudden clinical deterioration often complicates abrupt discontinuation of Clozapine. Literature has it that Clozapine should be gradually tapered down over a few weeks. Unfortunately that may not be possible in all situations. So clinicians need to be vigilant to this condition. Catatonia as a case of Clozapine withdrawal syndrome recently has been reported. Its importance here, in terms of management, we would want to know whether to restart the Clozapine or not so a careful history is essential.

Methods: Our patient 30 year old Indian man who developed symptoms similar to neuroleptic malignant syndrome and lethal catatonia on abrupt cessation of Clozapine. He presented with autonomic instability, psychosis and motor dyskinesias.

Results: Lethal catatonia occurs with extreme psychosis. Neuroleptic malignant syndrome occurs on initiation or increase of antipsychotics. Clozapine withdrawal catatonia occurs as a result of clozapine withdrawal.

Conclusion: Patients and caregivers must be informed of the possibility of side effects on abrupt discontinuation. Where possible, a slow down ward clozapine taper, anticholinergic agents, and symptomatic treatment may help minimize these withdrawal symptoms, and reintroduction of clozapine or treatment with the newer atypical agents can help in the clinical management.


Policy of full disclosure: None.

P-04.086 A clozapine related case of myocarditis at a university hospital in Malaysia
S. Tharasan. University Malaya, Kuala Lumpur, Malaysia

Objective: Clozapine is known to cause cardiac side-effects, including myocarditis, pericarditis and cardiomyopathy. Prompted by a case of clozapine-related myocarditis in our ward this report was prepared.

Methods: The patient is a case of Schizophrenia on Clozapine for 12 years. He is 57 year old Chinese man who developed palpitations, headache, and fever of sudden onset. He was on Clozapine 700 mg (generic) for 2 years. On admission he had tachycardia, 137 bpm. There was no other abnormality in his ECG. At this time however his WBC was in the normal range. The Clozapine was stopped immediately. He was then put on another antipsychotic during his admission. On discharge seven days later he was restarted on 200 mg of Clozapine. His heart rate was 100 bpm on discharge. However on follow-up at the out patient clinic two days later the patient complained of palpitations and his heart rate was noted to be 132 bpm. He had leucocytosis at this time. His WBC count was 12.5. He was on 200 mg of Clozapine at this time. His medication was further reduced to 100 mg Clozapine per day but his heart rate remained elevated at 127 bpm when he was seen one week later. This time the WBC count was increased to 16. The Clozapine was stopped completely.

Results: It has been suggested that patients on Clozapine are assessed for myocarditis in the first month of treatment and frequently for cardiomyopathy. Inspite of all monitoring strategies, it is essential to maintain a high degree of clinical suspicion in patients on Clozapine who develop cardiac symptoms.

Conclusion: Treating patients with clozapine therefore requires careful monitoring of patients in order to ensure that serious side-effects are detected early. Prompt treatment following early detection will reduce the number of patients suffering from clozapine-related myocarditis, pericarditis and/or cardiomyopathy.

Policy of full disclosure: None.

P-04.087 Long-term use of mood stabilizers and its impact on the quality of life of Chinese schizophrenia patients
G. Ungvar1, Y.-T. Xiang2, ¹Graylands Hospital, Perth, Australia; ²Chinese University of Hong Kong, Beijing, China

Objective: To date, no studies have investigated the prescription patterns of mood stabilizers (MS) in Chinese patients with schizophrenia. This study examined the frequency and socio-demographic and clinical correlates of MS prescription for schizophrenia outpatients in Hong Kong (HK) and Beijing (BJ), China.

Methods: Five hundred and five clinically stable outpatients with schizophrenia were randomly selected and interviewed in HK and BJ using standardized assessment instruments. Basic socio-demographic and clinical data and psychotropic drug prescriptions were collected at the time of a diagnostic interview.

Results: Thirty-four (6.7%) of the patients were prescribed MS in the whole sample, with 10.2% and 3.2% of the HK and BJ samples, respectively. Use of MS was associated with history of violence, number of admissions, and severity of extrapyramidal side effects (EPS). In multiple logistic regression analysis, number of admissions, study site, sex, and length of illness were significantly associated with MS.

Conclusion: Although the ethnic and clinical characteristics of the two samples were nearly identical, there was a wide variation in the frequency of MS prescriptions between HK and BJ.

Policy of full disclosure: None.

P-04.088 Risperidone mediated modification of cortical inhibition
L. Ustohl1, P. Prkryl2, H. Prkrylova Kucerova2, E. Ceskova1. 1Faculty Hosp. and Masaryk Univ, Brno, Czech Republic

Objective: Deficit of cortical inhibition in schizophrenia reflects the pathology of the cortical and subcortical brain areas. Reduced Cortical Silent Period (CSP) duration is a marker of impaired cortical inhibition. It is known from neurophysiological studies that CSP is a function of GABA-B receptors. CSP is invariably found to be shortened in patients with schizophrenia, but antipsychotics extend CSP and therefore cause changes in abnormal cortical inhibition processes. It was confirmed that clozapine causes prolongation of cortical inhibition and CSP negatively correlates with intensity of negative symptoms of schizophrenia. The aim of this study was to assess the impact of risperidone on CSP in drug-naive patients with first episode of schizophrenia (FES) using transcranial magnetic stimulation (TMS).

Methods: Drug-naive patients (N = 5) with FES were included in the study. TMS measurements of CSP and clinical assessment of psychopathology using the Positive and Negative Syndrome Scale (PANSS) were performed prior to their inclusion and 28 days after risperidone monotherapy. The CSP duration was obtained in moderately tonically active musculus abductor digitii minimi by stimulating the motor cortex with an intensity of 150% of motor threshold. CSP was defined as a time between the initiation of motor-evoked potential (MEP) and return of voluntary EMG activity.

Results: Mean CSP before the treatment was 155.14 ms (SD = 28.94) and it increased to 194.28 ms (SD = 35.11) after 28 days of risperidone monotherapy, which was statistically significant (p < 0.05). We found statistically significant negative correlation between ΔCSP and ΔPANSS (PANSS negative subscore) (p < 0.05), but not between ΔCSP and ΔPANSS (PANSS total score).

Conclusion: We found in our pilot study statistically significant improvement of cortical inhibition in drug-naive patients with FES mediated by risperidone. Changes of CSP were inversely associated with changes of PANSS, but not with changes of TPANSS.

Policy of full disclosure: This study was supported by the Ministry of Health (NR0600-4) and the Ministry of Education of the Czech Republic (MSM 0021622404).