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Case Report on Overuse of Anti Psychotics induced Adverse Effects

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Abstract

A 26 year old male patient complained of appearance of itching, painful white plaque like lesion over right sole prescribed all antipsychotic medications (fluoxetine (60mg), lithium (450 mg), aripiprazole(2mg) and propranolol for last 3months); adding clozapine (5mg) in place of aripiprazole. Then he was prescribed all the medications instead of olanzapine (10 mg) in place of clozapine and fluvoxamine (100 mg) in place of fluoxetine. After 3months, he developed existing itching and painful plaque like lesions with urinary hesitancy, tremor and insomnia. Then he was advised to withdraw all the medications for at least 1month and somatic disorders were treated with combined tab pregabalin and methylcobalamine, multivitamin. Psoriatic lesion was treated by topical corticosteroid and oral cyclosporine (100mg once weekly for 1months).

Naranjo causality assessment score was 5 and it was scored as probable in WHO-UMC scale. These type of effects were minimized by dechallenging of the culprit drugs and symptomatic management.

Keywords: Antipsychotic; Plaque like lesion; tremor; insomnia; psoriatic lesion; Naranjo; WHO-UMC; dechallenging

Introduction

Psoriasis being a chronic, autoimmune, inflammatory disease has great negative effect on quality of life. There many types of psoriasis seen according to their pathogenesis and locations [1]. In India, the prevalence of psoriasis in adults varies from 0.44 to 2.8%. It is twice more common in males compared to females, and most of the patients are in their third or fourth decade at the time of presentation [2]. Many drugs have been reported to be responsible for the onset and/or exacerbation of psoriasis. The most important medications that may exacerbate psoriasis in current clinical practice are lithium salts, synthetic antimalarials, interferon α and TNF-α inhibitors. Beta-blockers, non-steroidal anti-inflammatory drugs (NSAIDs), angiotensin-converting enzyme (ACE) inhibitors, antimalarial drugs such as chloroquine, interferons, imiquimod, and terbinafine have been implicated in small case series and a case-crossover study [3]. However, in daily clinical practice, there may be insufficient attention to potential involvement of medication-related causes for psoriasis induction, exacerbation, or treatment-resistance [4].

Case Report

A 26 year old male patient was diagnosed with early stage Obsessive compulsive disorder and was prescribed fluoxetine (60mg), lithium (450 mg) and aripiprazole(2mg) 1year ago. The patient was improved but he was prescribed all medications with propranolol(20mg) after 4months. After 3 months, he showed some poor result so that he was prescribed all medications adding clozapine (5mg) in place of aripiprazole. Then he complained of appearance of itching, painful white plaque like lesion over right sole but did not go for treatment. After 4 months, he was prescribed all the medications instead of olanzapine (10 mg) in place of clozapine and fluvoxamine (100 mg) in place of fluoxetine. After 3months, he developed existing itching and painful plaque like lesions with urinary hesitancy, tremor and insomnia.

Urine analysis showed normal report. Then he was advised to withdraw all the medications for at least 1month and somatic disorders were treated with combined tab pregabalin and methylcobalamine, multivitamin. Psoriatic lesion was treated by topical corticosteroid and oral cyclosporine (100mg once weekly for 1months). After detoxification of all the antipsychotic medications for 1 month, patient improved all the symptoms and advised to take tab fluoxetine (20mg once daily) and follow up quarterly in a year.

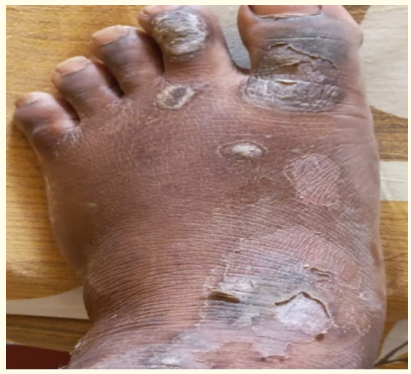

Image 1: Psoriasis over left foot.

Discussion

It is certainly the adverse effects of overuse of antipsychotic drugs. There were previous case reports of drug induced plaque psoriasis due to administration of lithium and propranolol [3]. Naranjo causality assessment score was 5 and it was scored as probable in WHO-UMC scale. On severity assessment by Hartwig and Siegel's Severity assessment scale, the severity level for suspected ADR was found to be moderate (Level 3). These type of effects were minimized by dechallenging of the culprit drugs and symptomatic management. In this case, dose tapering of anti depressants (fluvoxamine and fluoxetine) should be done instead of certain withdrawing to reduce the withdrawal effects. Initially, the patient with early stage Obsessive compulsive disorder (OCD) should be started a low dose of Selective serotonin reuptake inhibitors (SSRI) according to OCD management guideline [5].

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