CASE REPORT

QUETIAPINE INDUCED MYOCLONUS IN YOUNG MALE PATIENT
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INTRODUCTION: Quetiapine is a dibenzothiazepine derivative atypical antipsychotic with t½ of 6hrs is given as twice daily dosing. It blocks 5HT1A, 5HT2, D2, α1, α2 and H1 receptors in the brain, but D2 blocking activity is low, extrapyramidal and hyperprolactinaemic side effects are minimal. However it is quite sedating and postural hypotension can occur. It is metabolized mainly by CYP 3A4 can interact with macrolides, antifungals and anticonvulsants. It has minimal extrapyramidal and hyperprolactinaemic side effects, because of this it is increasingly used as an adjuvant/alternative to lithium in bipolar disorder along with valproate1. EEG abnormalities seen to occur rarely in patients treated with quetiapine comparable to the control group, but significantly more often with haloperidol and olanzapine possibly due to different receptors profiles of these substances2.

KEYWORDS: Quetiapine, Myoclonus, Adverse drug reactions.

CASE REPORT: A young male patient aged 21years was suffering from alcohol dependence since 5 years. He was on Tab disulfiram 500mg OD and Tab chlordiazepoxide 25mg OD irregularly. But recently the treating psychiatrist, noticed signs of bipolar disorder in this patient. The patient continued with disulfiram 500mg OD and he was advised to continue therapy with quetiapine 300mg OD and sodium valproate 500mg OD. After one week of starting this therapy patient developed sudden abrupt jerks in both upper limbs and palate. These jerks were more when patient was asleep; an EEG was taken which revealed intermittent bilateral poly-spike discharges which confirmed myoclonic jerks. His lipid profile and routine biochemical tests were within normal limit. Patient was given clonazepam 2mg OD at night time for reducing the jerks but it was ineffective. Then the dose of quetiapine was reduced to 100mg OD still patient had jerks. Ultimately quetiapine was stopped and remaining drugs were continued. After 48 hours of stopping quetiapine jerks reduced and 5 days after stopping quetiapine patient was relieved of these myoclonic jerks.

DISCUSSION: Two large clinical trials demonstrated quetiapine's efficacy for bipolar depression. At 300 and 600 mg/day doses (Calabrese et al., 2005a; Thase et al., 2006). Quetiapine also has antidepressant efficacy in unipolar major depression trials, suggesting that it could be used as monotherapy for depression. The explanation is likely that its primary metabolite, norquetiapine, is a potent norepinephrine reuptake inhibitor (Jensen et al., 2008)3. Two similar cases were reported in Indian journal of medical sciences volume 62, no 10, October 2008 by Ashish Aggarwal, R. C. Jiloha, Department of Psychiatry, G.B.Pant Hospital, New Delhi, India. Hence the present case report, as a rare case of quetiapine induced myoclonus as an adverse drug reaction.

CONCLUSION: This case highlight the need for careful monitoring of patients on quetiapine for drug induced myoclonus as these movements are dose related and completely abated on reducing the dose.
REFERENCES:

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