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A Case Report on Tremors and Slurred Speech Resulting From Antipsychotics in Mood Disorder Patient

Dr. Anirudh Manikandan

Acharya & BM Reddy College of Pharmacy, Sohadevanhalli, Bangalore-107

ABSTRACT

Mood disorder where moods can fluctuate from depression to elevated moods referred to as mania is called bipolar disorder (BD).BD is presently divided into 3 types. All 3 sorts contain clean adjustments in mood, energy, and pastime levels. BD-I is the most severe disorder and symptoms of mania can be so severe that they can require psychiatric hospitalization. BD-II has the same symptoms as BD-I; however, it was described as hypomania because they are less severe than in pure mania. Cyclothymia, additionally referred to as a cyclothymic disorder, is a minor mood disorder characterized by fluctuating low-level depressive symptoms and periods of mild mania, like BD-II. Mood stabilizers and second-generation antipsychotics are first-line for treating and maintaining a stable mood. This study related to a case report on tremors and slurred speech induced by antipsychotics in a patient suffering from BD.

KEYWORDS: Mood disorder, Tremors, Bipolar disorder, Depression, Mania, Antipsychotics.

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INTRODUCTION

Bipolar disorder (BD) is a mood disorder characterized through recurrent episodes of depression and mania. BD-I and BD-II are the 2 fundamental subtypes, in keeping with the Diagnostic and Statistical Manual 5. BD-I has a manic episode often blended with depression, wherein BD- II has a hypomanic episode regularly blended with depression [1]. Mood stabilizers, antidepressants, antipsychotic drugs, electroconvulsive therapy, adjunctive medicines, and psychosocial treatment options are several the remedy alternatives for BD management. There is proof that once lithium or valproate is used further to antipsychotics to deal with acute mania, the effectiveness is higher, and the initiation of action is quicker than while used alone. Accordingly, mixtures may be used relying at the severity of the mania [2]. Tremor is a trembling sensation as a result of an involuntary, rhythmic muscle contraction in a single or greater regions of the body. Medications that reason tremors encompass tricyclic antidepressants, monoamine oxidase inhibitors, antipsychotics, lamotrigine, thyroxine, and nicotine. The maximum not unusual place drug-triggered tremors are bilateral motion tremors [3]. Antipsychotic medicines ought to disrupt speech processing mechanisms due to the fact they influence the neuromuscular system. Speech problems, mainly obtained types, can influence communication and lifestyles experiences [4].

CASE REPORT

A 22-year-old male patient was admitted to the psychiatry department of tertiary care hospital with chief complaints of abnormal behavior, excessively hungry, paranoid delusion, irrelevant talking, and excessive talkingin the past 4 months. He was under medication olanzapine 5 mg and clonazepam 0.25 mg. These symptoms were worsened before 10 days as he had stopped taking the medication. Personal history reveals that he had a habit of a vegetarian diet, Improper sleep, and decreased appetite, not a known alcoholic/smoker. Family history collected was not relevant to the patient's condition. According to the subjective evaluation and statistical manual of mental disorder, the patient was diagnosed with "bipolar disorder." The patient was treated with the therapy that includes lithium 450 mg, sodium valproate 500 mg, quetiapine 100 mg, haloperidol 5 mg, trihexyphenidyl 2 mg, diazepam 10 mg, olanzapine 10 mg, and Inj. haloperidol 2 amp + Inj. Phenergan 1 amp. It was continued for 10 days and during the 11th day of the therapy, fresh complaints were noticed which were slurring speech and tremors. During the 15th day of the therapy, other fresh complaints were noticed that are redness of both eyes, pain, and swelling of the left and right gluteal region and the patient was referred to both the ophthalmology and general surgery department. The doses for haloperidol were reduced to 5 mg. On the 17th day,

Inj. fluphenazine 2.5 mg IM stat was added to the prescription continued for 2 days. On day 19th patient was maintaining the same conditions with no change in the complaints. On day 23, haloperidol was discontinued and the patient was discharged with the following medications: Sodium valproate 500 mg twice a day, olanzapine 10 mg twice a day, clonazepam 1 mg twice a day, and advised to come for review after a week.

DISCUSSION

Psychiatric co-morbidity is present in 50–70% of sufferers with BDs [5]. Extrapyramidal symptoms and the possibility of tardive dyskinesia are more common with first-generation antipsychotics. Tremors, anxiety, slurred speech, and paranoia are all extrapyramidal symptoms. Second-generation antipsychotics, additionally referred to as bizarre antipsychotics, have shown direct or indirect benefits in the remedy of anxiety disorders; their additional role as mood stabilizers, which has a normally nice effect on bipolar temper switching, can be positive for sufferers with co-morbidities.

CONCLUSION

There is a scarcity of evidence for what constitutes best practice in antipsychotic monitoring. The main objectives for the monitoring of antipsychotics are to detect treatable pathology in a high-risk population and to connect and track antipsychotic-induced adverse effects. The caseworker, general practitioner (GP), and psychiatrist are also in charge of physical health monitoring. A monitoring protocol should be implemented into every patient's care plan, according to mental health services.

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