Tardive dyskinesia seen in some patients taking Prozac

Prozac (fluoxetine) and similar drugs known as selective serotonin reuptake inhibitors (SSRIs) are believed to cause far fewer side effects than traditional neuroleptic drugs such as Haldol (see article on page 2). A new study indicates, however, that like older drugs, Prozac can cause a severe disorder called tardive dyskinesia (TD). But while TD strikes up to a third of long-term neuroleptic users, the side effect appears to be rare in individuals taking Prozac.

Tardive dyskinesia is a neurological disorder resulting in involuntary muscle movements such as chewing, swallowing, and lip smacking. The disorder is sometimes irreversible, and, in severe cases, can interfere with eating and breathing.

Steven Dubovsky and Marshall Thomas recently reported on three patients who developed symptoms resembling TD after taking Prozac for depression. Two of the patients had never received neuroleptic drugs, and the third had not taken neuroleptics for many years.

The physicians note that one of these patients took Prozac only for a short period, and that this patient's symptoms remitted after the drug was discontinued. Another patient, however, developed TD symptoms after taking Prozac for four years, and her symptoms were still present a year after the drug was discontinued. The third patient, who took the drug for a year, continued to exhibit abnormal muscle movements eight months after drug treatment was stopped.

"These cases," the researchers say, "raise the possibility that tardive dyskinesia of the type observed with neuroleptics could occur in some patients who receive SSRIs for years, and more cases may emerge as patients take these medications for longer periods of time." They note, however, that only three other cases of TD occurring in patients taking Prozac and similar drugs have been reported. Thus, they say, "the incidence of tardive dyskinesia must be much smaller [with Prozac] than the 4 to 5 percent per year incidence associated with neuroleptic use in nongeriatric patients."

Editor's note: see ARRI 8/3, re the effectiveness of vitamin E in preventing TD.

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"Tardive dyskinesia associated with fluoxetine," Steven L. Dubovsky and Marshall Thomas; *Psychiatric Services*, Vol. 47, No. 9, September 1996, pp. 991-993. Address: Steven Dubovsky, University of Colorado Health Sciences Center, 4200 East Ninth Avenue, Denver, CO 80262.

SSRIs studied

(continued from page 2)

jury, and five of the nine also were diagnosed as having autism.

The researchers report that "sertraline led to improvement in Clinical Global Impressions (CGI) ratings of overall clinical severity in eight of nine subjects." Their results, Hellings et al. say, "suggest that sertraline is promising in the treatment of self-injury and aggression." Only one patient in the study was taken off sertraline, due to increased agitation and skin-picking.

—In earlier research on SSRIs, Christopher McDougle et al. reported (see ARRI 9/4) that fluvoxamine significantly improved the language, behavior, and sociability of 8 of 15 autistic adults. A 1996 article by McDougle et al. on this research notes that "the improvement in some aspects of social relatedness and language usage in the fluvoxamine-treated adults with autism in this study is especially noteworthy," given that language and social deficits appear to be core symptoms of autism. In addition, fluvoxamine-treated subjects showed marked declines in aggression and repetitive thoughts and behavior. Adaptive functioning also improved in a number of subjects; two were able to move from group homes to supervised apartments, and another obtained and kept a full-time job.

McDougle notes that side effects of the drug were mild in his subjects, and did not require discontinuation of the drug.

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"The use of selective serotonin reuptake inhibitors in young children with pervasive developmental disorders: some clinical observations," George A. Awad; *Canadian Journal of Psychiatry*, Vol. 41, August 1996. Address: George A. Awad, Dept. of Psychiatry, Hospital for Sick Children, 555 University Ave., Toronto, ON M5G 1X8, Canada.

—and—

"Sertraline response in adults with mental retardation and autistic disorder," Jessica A. Hellings, Lee Ann Kelley, William F. Gabrielli, Earl Kilgore, and Priti Shah; *Journal of Clinical Psychiatry*, 57:8, August 1996. Address: Jessica A. Hellings, Dept. of Psychiatry, Kansas University Med. Center, 3901 Rainbow Blvd., Kansas City, KS 66160.

—and—

"A double-blind, placebo-controlled study of fluvoxamine in adults with autistic disorder," Christopher McDougle, Susan Naylor, Donald Cohen, Fred Volkmar, George Heninger, and Lawrence Price; *Archives of General Psychiatry*, Vol. 53, November 1996. Address: Christopher J. McDougle, Connecticut Mental Health Center, 34 Park St., Room 333B, New Haven, CT 06519.

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LETTERS

(continued from page 6)

Megavitamin/DMG therapy

To the Editor:

My 18-year-old son, upon entering puberty, became an aggressive and sometimes violent autistic child. He was uncontrollable and eventually was put into a behavioral program [where] the doctors had him on strong doses of Haldol that not only didn't curb his behavior 100 percent of the time, but also left him in a drugged-like state, very sluggish and clumsy. I removed him from the facility and continued with the Haldol. I was a grown man living in fear of my own son.

Michael's teacher suggested that I try the high doses of B6, magnesium, and folic acid, along with the DMG that you recommended. I stopped the Haldol and put him on this regimen instead. That was about seven months ago, and since that time he has shown a marked improvement. I can't even remember the last time he had an outburst. He has brought home 23 awards during the last half of the school year for "most improved student," "team sports," and "positive attitude toward learning," as well as five principal's awards. He is clear-eyed and very communicative, and his comprehension has improved ten-fold.

Although there are no miracle cures for autistics, this is the closest thing to a miracle for me. I love my son and want him to continue living at home with me, and with this program, I believe that it is now possible.

Michael Lee Price
Las Vegas, NV

Risperidone

To the Editor:

This is in response to your request for information on children taking risperidone. Our low-functioning 16-year-old daughter has been on Risperdal for almost a year. We have seen remarkable results since Brooke started taking Risperdal. Her behavior was to the point that we could barely manage to get through a day. She could not stand to be dressed or undressed and huddled in a corner of her bathroom with the door closed, in total darkness. When we would try to even talk to her, she would pull our hair, scratch us until she drew blood, and hit violently. She also refused to eat.

Since she has been taking Risperdal, she has not hit anyone, at school or at home, and has shown almost no aggressive behavior. Everyone who knows Brooke can hardly believe she is the same girl. The only side effect we initially saw was constipation; recently, however, we have seen mild aggression, tenseness, and crying which may be side effects of the drug.

Feryl Jantz
Galva, Kansas

Letters to the Editor are welcome. Letters must be signed, and should not exceed one page in length, including references. Letters may be edited.