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PERSISTENT PARKINSONISM AND TARDIVE DYSKINESIA

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Parkinsonism and tardive dyskinesia can coexist in patients taking antipsychotic drugs. Persistence of both parkinsonism and tardive dyskinesia during a two year follow up period after discontinuation of antipsychotic drugs is reported. Etiological significance of antipsychotic treatment is discussed.

Key words: Parkinsonism, tardive dyskinesia, antipsychotic drugs.

Many tardive syndromes are reported following prolonged treatment with antipsychotic drugs. Recently Melamed et al (1991) reported persistent parkinsonism after discontinuation of antipsychotic in two young patients and suggested that parkinsonism in those case could be designated as yet another tardive syndrome. We would like to report a patient with bipolar disorder who continues to have both parkinsonism and tardive dyskinesia two years after discontinuation of antipsychotics.

CASE REPORT

A fifty eight year old female with history of recurrent episodes of mania and depression for the last fourteen years was admitted during a depressive episode. She had received antipsychotic drugs in the past and was receiving oral phenothiazines at the time of admission. Neurological evaluation revealed bradykinesia and rigidity of the upper limbs. There was no tremor, but dyskinesia of the tongue was present. Patient did not have hypertension or diabetes. A diagnosis of drug induced parkinsonism and tardive dyskinesia was made along with the diagnosis of bipolar mood disorder. Antipsychotics were discontinued and the patient was treated with tricyclic antidepressants and lithium. She was seen in detail at least once in two months during the two year follow up period. Two raters who examined her independently agreed on the presence of an akinetic rigid syndrome and tardive dyskinesia during the follow up visit. Bradykinesia was mild and rigidity was consistently found to be more in the right upper limb. She was rated on Abnormal Involuntary Movement Scale and the dyskinesia met criteria for persistent tardive dyskinesia (Schooler & Kane, 1982). Patient had not received any antipsychotic drug during the entire period of follow up. A CT scan done during the follow up did not show any abnormality of the brain.

DISCUSSION

Persistent parkinsonism following discontinuation of prolonged antipsychotic drug therapy, though reported earlier, had not been shown to coexist with tardive dyskinesia. At the same time, tardive dyskinesia and parkinsonism is well known to co-exist in patients taking antipsychotic drugs. It is generally presumed that parkinsonism in these patients is reversible and will disappear with discontinuation of antipsychotic drugs. This may not be true in all cases. A sub group of patients who have both parkinsonism and tardive dyskinesia while taking antipsychotic drugs may actually be having tardive parkinsonism. Such patients should exhibit parkinsonian symptoms even after antipsychotics are withdrawn. Parkinsonian symptoms in patients who had developed tardive dyskinesia needs to be studied longitudinally. It will be interesting to know the effects of discontinuation of antipsychotic drugs on parkinsonian symptoms in these patients.

The possibility that the akinetic rigid syndrome seen in our patient is due to idiopathic parkinsonism cannot be excluded considering her age. But advancing age is a well accepted risk factor for developing tardive dyskinesia and may very well be a risk factor for tardive parkinsonism also.

REFERENCES

Melamed, E., Achiron, A. & Shapiro (1991) Persistent and progressive parkinsonism after discontinuation of chronic neuroleptic therapy, an additional tardive syndrome? *Clinical Neuropharmacology* 14, 3, 273-278.

Schooler, N.R. & Kane, J.M. (1982) Research diagnosis for tardive dyskinesia. *Archives of General Psychiatry*, 39, 486-487.

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