

## APPA 2014 Fall Meeting Resident Poster Presentation

### Abstract 14-2-01

**Title:** Neuropsychiatric Components of Huntington's Disease

**Chair:** Sara S. Gonzales, MPH

**Authors:** Severin Grenoble, MD

**Summary:** Huntington's Disease is an inherited neurodegenerative disorder characterized by psychiatric syndromes, movement disorders, and cognitive impairment.<sup>1</sup> The most common psychiatric symptoms encountered are irritability, apathy, depression, anxiety, and obsessive compulsive disorder.<sup>2</sup> Atypical neuroleptics such as olanzapine and risperidone have been found to be effective in Huntington's patients with schizophrenia-like symptoms such as hallucinations and delusions.<sup>3</sup> In a case from Summer 2014, a patient with Huntington's Disease was committed for involuntary care and responded to olanzapine 5mg orally at bedtime by showing an increase in purposeful movement and articulation. However, it is unknown what the full potential benefits from medication would have been due to issues with patient denial and medication noncompliance.

#### References:

- 1) Hammond K, Tatum B. The Behavioral Symptoms of Huntington's Disease. Huntington's Outreach Project for Education at Stanford University; 2010 Jun 26.
- 2) Van Duijn E, Kingma EM, Van der Mast RC. Psychopathology in verified Huntington's disease gene carriers. *J Neuropsychiatry Clin Neurosci.* 2007; 19 (4): 441-8.
- 3) Revilla Fredy J, Benbadis Selim R. Huntington Disease Medication. Medscape. Updated: 2013 May 14.

### Abstract 14-2-02

**Title:** Antipsychotic-induced, profound hyponatremia

**Chair:** Jun Liu, BS

**Authors:** Joshua Stephens, DO; Florin Ghelmez, MD; Bayani Abordo, MD

**Summary:** Hyponatremia is well established as a rare adverse reaction to psychotropic drugs such as serotonin reuptake inhibitors and antiepileptics. However, the effect of antipsychotics on sodium and water balance is less well defined. There have been no clinical studies investigating the relationship between antipsychotics and hyponatremia. Most of the evidence for the past few decades has emerged from case studies associating typical antipsychotics to hyponatremia, with a recent trend of case reports naming atypical antipsychotics as well.

We report a case of severe hyponatremia related to therapy on the atypical antipsychotic ziprasidone. A 49 year old woman with a history of chronic, paranoid schizophrenia managed on long-acting

injectable paliperidone and asenapine was admitted to the psychiatric unit for worsening psychosis. Five days after changing her regimen from asenapine to ziprasidone, she developed acute onset, profound hyponatremia. All antipsychotics were discontinued, she was treated with hypertonic saline, and the hyponatremia resolved and did not recur. Physicians should be aware that antipsychotics may cause hyponatremia, and patients who experience an episode should be closely monitored. More studies are needed to establish the link between antipsychotics and hyponatremia.

#### References:

1. Collins A, Anderson J. SIADH induced by two atypical antipsychotics. *Int J Geriatr Psychiatry* 2000; 15 (3): 282-3
2. Ellison DH, Berl T. The syndrome of inappropriate antidiuresis. *N Engl J Med.* 2007;357:941-942
3. Kahn D, Leung M, Kalivas K, Quanbeck C, Su A. Two patients with recurring SIADH on multiple atypical antipsychotics. *J Clin Psychopharmacol* 2009;29:186-8
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#### Abstract 14-2-03

**Title:** A Rare But Serious Adverse Effect: Neuroleptic Withdrawal Emergent Syndrome

**Chair:** Clint Moore, DO, MS

**Authors:** Sandra Parker, MD; Miriam Sevilla, MD

**Summary:** Neuroleptic use, while commonplace, is not without serious consideration. With the advent of second generation antipsychotics (SGAs), the distress regarding movement disorders has been somewhat ameliorated (1). As such, the prescribing of these medications has increased for both FDA approved indications as well as many “off-label” uses. SGAs are used primarily in the treatment of conditions such as schizophrenia and bipolar disorder but have wide spread use for illnesses such as depression and autism (2). As the rates of identified children with behavioral, emotional, and mood disturbances increase, the use of these medications to treat irritability, agitation, and aggression will also trend upwards (3,4). Extrapyramidal symptoms (EPS) are not uncommon when neuroleptics are used and are generally managed with anticholinergic drugs, dose reduction, or switching medications. These responses include conditions such as dystonia and akathisia. Other serious adverse effects include tardive dyskinesia (TD) and a less known movement disorder - withdrawal dyskinesia also known as withdrawal emergent syndrome (5). Tardive dyskinesia is one of the most feared conditions and can be chronic, lifelong, and debilitating. Emergent withdrawal syndrome can be equally frightening for patients and family due to its acute onset and dramatic presentation. While SGAs were initially believed to be much safer regarding movement disorders, these presumptions have been challenged (6).

We present a case of withdrawal emergent syndrome in a 10-year-old male treated with aripiprazole. Aripiprazole is a novel agent with various agonist/antagonist properties that has been promulgated as one of the medications least likely to cause TD or EPS (6). Our 10-year-old patient developed choreiform, writhing movements after abrupt discontinuation of aripiprazole. The patient was successfully managed conservatively at the psychiatric hospital and discharged home after 7 days in good condition without

abnormal movements. This case highlights the need to continue to evaluate our treatment options and to be aware of the serious side-effects that may occur when using neuroleptics. **References:**

1. Alexander J, Bickerstaff S. Aripiprazole Induced Tardive Dyskinesia – Accruing Evidence. *The Australian and New Zealand Journal of Psychiatry*. 2013; 47(3): 289-290.
2. Schwartz T, Raza, S. Aripiprazole (Abilify) and Tardive Dyskinesia. *Pharmacy and Therapeutics*. 2008; 33(1): 32-34.
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