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. The most common psychiatric symptoms encountered are irritability, apathy, depression, anxiety, and obsessive compulsive disorder. 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. 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:

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:

   282-3
3. Kahn D, Leung M, Kalivas K, QuanbeckC, Su A. Two patients with recurring SIADH on multiple atypical
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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:**