

## Tardive Dystonia After a Short Course of Thioridazine

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**T**ardive dystonia, a newly recognized form of tardive dyskinesia,<sup>1</sup> differs from "classic" or choreic dyskinesia by slowness rather than rapidity of movement, and from acute dystonic reaction by a prolonged rather than a short course.

Thioridazine has a 3 percent incidence of extrapyramidal side effects<sup>2</sup> compared with 38.9 percent for other antipsychotic drugs.<sup>3</sup> Dyskinesias, predominantly acute dystonic reactions, occur in 2.3 percent of patients taking antipsychotic drugs other than thioridazine.<sup>3</sup> In a separate survey,<sup>4</sup> thioridazine caused dystonia in 0.6 percent of cases. In the original report of tardive dystonia<sup>1</sup> none of the patients received thioridazine as the sole antipsychotic drug.

### CASE REPORT

In the following case, tardive dystonia followed a short course of low-dose thioridazine treatment.

A 30-year-old woman discontinued diazepam, which she had taken for eight years. To abate insomnia and irritability, temazepam, then doxepin were prescribed. Markedly increased anxiety led to psychiatric hospitalization.

After 12 days of thioridazine beginning at 10 mg at night and increasing to 25 mg, eyelids "blinked convulsively," and choking from repetitive uncontrolled swallowing awakened her and continued while awake. Bruxism and mild torticollis developed. The tongue felt rigid ("under pressure") and enlarged. Uncontrolled tongue movements, when very rapid, were followed by pain in the

tongue. Squeezing sensations progressively affected tongue, jaw, then head. Volitional swallowing was difficult. The head, neck, and legs jerked.

Concurrent oral diphenhydramine (total dose, 75 mg) offered no relief. Shortly after cessation of thioridazine, two oral doses of trihexyphenidyl HCl, 2 mg each, were without benefit.

On neurologic evaluation three months after stopping thioridazine, her head and tongue felt pushed to one side; she "could not find a comfortable position" for her tongue; with fatigue, enunciation was difficult. She related lifelong poor coordination as well as slow and awkward handwriting. On neurologic examination, spontaneous speech was rapid and well articulated, but tongue twisters were halting. Repetitive movements of the tongue were slow. She could not wink her right eyelid or arch her right eyebrow. Mild dystonic posturing and mirror movements of the hands were present. Fine finger movements were slightly clumsy, while alternating motion rates were slightly slowed.

The following laboratory tests were normal: complete blood count, antinuclear antibody, electrolytes, uric acid, liver function tests, calcium, phosphate, serum copper and ceruloplasmin. Sedimentation rate was 33 mm/h. Computed tomography of the head was normal.

Trihexyphenidyl HCl 6 mg/d in divided doses was prescribed with much improvement. But more than one year after cessation of thioridazine, her tongue still feels uncomfortable and difficult to move.

### COMMENT

This case conforms to tardive dystonia in many respects. The patient's age, the duration of symptoms, and response to anticholinergic treatment are typical.<sup>1</sup> Acute dystonia, although not typical, was present in fully 12 percent of the index series.

Evidence for unusual susceptibility was sought; as the

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dose of thioridazine was low, treatment was short, and dystonia is rare after thioridazine.<sup>4</sup>

Organic brain disease may predispose to tardive dyskinesia.<sup>5</sup> Pronounced antecedent neurologic disease may in fact predispose to tardive dystonia.<sup>6</sup> In the present case, mild antecedent neurologic dysfunction (as evidenced by "soft" neurologic signs) may explain her susceptibility.

This case suggests that neurologic examination may identify those susceptible to tardive dystonia, and possibly to other forms of tardive dyskinesia. This case also emphasizes that all antipsychotic drugs should be administered only with clear indications. Thioridazine, with a reported low incidence of dystonic reactions, can at low dose cause prolonged dystonia.

## References

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