

FLUOXETINE-INDUCED TIC DISORDER IN A PATIENT WITH GENERALIZED ANXIETY DISORDER

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BACKGROUND

Antidepressants are a commonly prescribed class of medications in psychiatry. There have been an increase in number of reports of movement disorders as side effects over the years. Current understanding of anti-depressant induced movement disorders is limited and tic disorders are reported to be one of the rarest antidepressant induced movement disorder. Motor tics are voluntary, non-rhythmic movements made, usually preceded by a sensorial urge to perform the movement. Fluoxetine is a frequently prescribed selective serotonin reuptake inhibitor in the pediatric population. Here we present a case of a male who developed tics after treatment with fluoxetine.

CASE REPORT

Patient is a 17 year old male with past psychiatric history of generalized anxiety disorder and cyclothymia who presented to the outpatient psychiatric clinic two weeks after an increase in fluoxetine from 20 mg to 40 mg by his primary care provider.

During this time, patient noted increased suicidal thoughts, reckless behaviour, and self-injurious scratching. Interestingly, he also developed motor tics.

These motor tics involved the contraction of the bilateral cervical muscle groups as well as flexing his right phalanges. These movements were characterized by the increasing urge to perform these actions accompanied by relief when performed. Patient and his mother noted that these abnormal movements would be exacerbated by anxiety or paying attention to the urge to move the certain body part.

Fluoxetine was stopped, and patient was started on aripiprazole 2 mg at bedtime for mood stabilization and the motor tics. Two weeks later, patient reported complete resolution of motor tics, and aripiprazole was increased to 5 mg to better control mood dysregulation.

A month after the resolution of these tics, patient returned for follow up and once again reported the return of these tics, specifically in the cervical region of his neck, although it milder than previously. Patient noted that these movements are only present when he feels particularly anxious, and attributes increased anxiety due to returning to school. Given that these motor tics were mild and not disrupting his daily living, his most recent medication dosage is continued.

ASSESSMENT

Current literature is limited regarding antidepressant and movement disorders.

Rating scales shown to have good internal reliability are administered to the patient to support the clinical diagnosis of motor tics, as well as to classify the severity of these tics. Patient scored 16/50 on the clinician-administered Yale Global Tic Severity Scale, and scored 30/36 on the self-administered Premonitory Urge for Tics Scale. These results support the differential of a motor tic disorder, and the scoring indicates a mild-moderate impairment in the patient's life due to these tics.

DISCUSSION

It has been postulated that tics seen in Tourette's Syndrome is likely due to abnormality in dopamine function, as dopamine blocking agents have been proven to be effective. It is also known that fluoxetine is a potent 5HT_{2c} antagonist, which is known to play a role in regulating the release of dopamine in mesolimbic and nigrostriatal pathways, although it is still unclear to what extent this contributes to movement disorders.

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