

## Adverse Drug Interaction Between Risperidone and Procyclidine

Dear Editor

I report an adverse interaction between risperidone and procyclidine in the case of an 84-year-old schizophrenic woman. The patient had suffered from prominent psychotic symptoms over a long period of time. She had been treated with a variety of anti-psychotic preparations, latterly haldol decanoate 75 mg monthly with 'as required' doses of haloperidol and procyclidine. During a prolonged period of relapse risperidone was gradually added, in accordance with British National Formulary guidelines, and oral haloperidol stopped. Marked improvement was noted when a dose of 6 mg daily had been obtained. Her daughter was delighted with her progress, commenting on 'having the first sensible conversation with mum in years'.

After a 2-week period the daughter expressed her concern at her mother having fallen at home the previous evening. Neurological examination the following day was unremarkable. A similar incident occurred the following week. On this occasion neurological examination revealed mild rigidity, presumed due to the extra-pyramidal side-effects of neuroleptics. Procyclidine 5 mg was prescribed. Thirty minutes later nursing staff noted that the patient was walking with a markedly

ataxic gait. On examination moderate rigidity, mild general weakness and poor coordination were noted. There were no focal neurological signs. She was admitted to an inpatient ward and the symptoms receded after 4 hours. Owing to the patient's long-standing history of ischaemic heart disease and severe cardiomegaly a diagnosis of transient ischaemic attack was being considered. Two days later a 5 mg dose of procyclidine was administered in response to a complaint of mild stiffness. A response of marked stiffness, marked ataxia and confusion quickly followed. After 72 hours her symptoms had abated.

Questioning of her daughter revealed that the initial events had both been subsequent to the administration of procyclidine at home.

There had been no reports of an interaction between risperidone and procyclidine to the UK Committee on Safety of Medicines, although 57 reports of neurological adverse reactions involving risperidone had been made at this time.

I would like to advise that clinicians have a high index of suspicion for such interactions, especially in elderly patients.

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