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LETTER TO THE EDITOR

Risperidone in the Treatment of Psychosis and Concomitant Buccolinguomasticatory Dyskinesia in the Elderly

Dear Editor

Conventional neuroleptics are widely used in the treatment of schizophrenia and other psychoses. Although they are effective in the treatment of positive symptoms, such as delusions and hallucinations, their usefulness is more limited where the negative symptoms, such as emotional withdrawal and affective blunting, are concerned. In addition, chronic treatment with neuroleptics has been associated with tardive dyskinesia (TD), an involuntary movement disorder. Risk factors in addition to the duration and dose of neuroleptic medication are the presence of an affective component of the illness (Kane and Smith, 1982). Thus neuroleptic-treated patients with affective disorders (particularly depression) may have a higher risk of developing TD than those with schizophrenia (Casey, 1991).

Risperidone is a new atypical neuroleptic with a potent serotonin 5-HT-2 and dopamine D-2-antagonist activity (Marder and Meibach, 1994). As some case reports have suggested that it may alleviate the symptoms of tardive dyskinesia in some patients (Kopala and Honer, 1994), we decided to test its efficacy in the treatment of two patients with a prolonged history of psychosis and associated buccolinguomasticatory dyskinesia.

CASE REPORTS

The patients were elderly females aged 77 and 81 years respectively. The first patient had a history of schizophrenic psychosis which had lasted more than 50 years. She was admitted on this occasion due to an acute exacerbation of psychotic symptoms. Patient 2 had had numerous phases of psychotic depression, and was admitted with a recurrence. Before admission, patient 1 had used haloperidol 1 mg/day and thioridazine 25 mg in the evening together with digoxin and long-acting nitrates for cardiac insufficiency. Patient 2 had used haloperidol 1.5 mg/day, together with 50 mg sulpiride and 15 mg mianserin. Patient 2 had no long-term physical disorder and had regularly used only the above medication.

Both patients had moderate symptoms of tardive dyskinesia predominantly affecting the jaw and tongue, scoring 12 and 18 out of 34 on the Abnormal Involuntary Movement Scale (AIMS; Guy, 1976). Their previous neuroleptics were discontinued and risperidone was progressively instituted up to 2 mg (patient 1) and 6 mg (patient 2) daily. During the 4-week hospitalization period there was a gradual and progressive alleviation in psychotic symptoms as well as a decline of abnormal movements; there was a decrease of 50% in the AIMS scores. The risperidone treatment was not associated with emergence of Parkinsonism.

DISCUSSION

The pathophysiology of tardive dyskinesia is unknown, despite the rather clear aetiologic link to chronic neuroleptic use. Previous treatment studies of TD have focused on four approaches: dopaminergic, cholinergic, gamma-aminobutyric acid-ergic and more recently serotonergic. Of these the antiserotonin–antidopamine approach appears, so far, to be the most successful treatment of TD as drug-resistant psychosis and TD has been found to be improved by clozapine and risperidone (Tamminga *et al.*, 1994; Chouinard, 1995).

Risperidone is not totally free of extrapyramidal side-effects, and there is also a case report which documents the development of tardive dyskinesia during risperidone treatment (Addington *et al.*, 1995). On the other hand, some patients have

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benefited from risperidone in that their tardive dyskinesia has alleviated after changing the neuroleptic medication to risperidone. Our results are in line with the previous suggestions that risperidone may have a beneficial effect on tardive buccolinguomasticatory dyskinesia without inducing significant Parkinsonism (Chouinard, 1995).

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