LETTER TO EDITOR

Atypical Antipsychotic Induced Obsessive-Compulsive Symptoms

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Sir

Recently, we came across an interesting case where Mr. A, a 26 year old Malay man with resistant schizophrenia, paranoid subtype, developed atypical antipsychotic induced obsessive-compulsive symptoms. Various attempts to treat him with conventional antipsychotics and risperidone had failed because he developed intolerable extrapyramidal side effects. Hence, he was started on clozapine. His psychotic symptoms resolved after 12 weeks of clozapine at 200mg/day.

At the 14th week of clozapine treatment, obsessive symptoms in the form of aggressive impulses emerged. Mistaking the obsessions as reappearance of psychotic symptoms, the treating psychiatrist gradually increased his clozapine to 350mg/day. This however, worsened his obsessions (11/20 on obsessions subscale of Yale-Brown Obsessive Compulsive Scale, YBOCS).

Subsequent reduction of the dose of clozapine to 200mg/day only improved his obsessive symptoms transiently (YBOCS: 5/20 on obsession subscale) and brought back auditory hallucinations. We thus substituted the clozapine with olanzapine 10mg/day. Fluoxetine 20mg/day was also added. Two weeks later, his obsessive symptoms disappeared.

However, a month later, the patient reported that the obsessions had recurred but with milder intensity and there was an emergence of compulsions in the form of checking rituals (YBOCS: total 20/40; obsession subscale 9/20; compulsion subscale 11/20). Fluoxetine was increased to 40mg/day. As a result, the symptoms became less distressing and he was able to maintain his occupational function.

Patil first reported cases of clozapine induced obsessive-compulsive symptoms[1]. Later, cases of risperidone, olanzapine and quetiapine induced obsessive-compulsive symptoms or exacerbation of pre-existing obsessive-compulsive symptoms were also reported, although lesser in numbers[2-4].

It was speculated that the mechanism of atypical antipsychotics induced obsessive-compulsive symptoms is related to their anti-serotonergic effect[1]. In most cases the obsessive-compulsive symptoms appeared together with the resolution of psychotic symptoms[1-3], and were dose-dependent[5]. These were also demonstrated in our case.

The management strategies that had been successfully used in reducing the obsessive-compulsive symptoms induced or exacerbated by clozapine were the use of lower effective dose of clozapine[5] or addition of an SSRI[2, 3].

Finally, switching clozapine to other atypical antipsychotic may be an alternative strategy in the management of clozapine induced obsessive-compulsive symptoms. The newer atypical antipsychotics may have lower potential of inducing obsessive-compulsive symptoms as compared to clozapine because they differ slightly in their serotonergic profile.

References

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