

CASE REPORT

ADULT ONSET TIC DISORDER FOLLOWING NEUROLEPTIC EXPOSURE

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Abstract

Tics are sudden, rapid and repetitive involuntary muscle contractions that result in movements or vocalizations occurring during a normal behavior. They are largely considered as childhood disorder and when seen in adulthood is considered to be persistence of childhood tic disorder. It usually results in a lot of distress and functional impairment and poses a lot of challenge to treatment. The objective of this report is to describe the case of an adult female without prior childhood history, developing tic disorder after exposure to neuroleptics.

Key words: Tic, Disorder, Neuroleptic, Adult, Exposure

INTRODUCTION

Tics are sudden, rapid and repetitive involuntary muscle contractions that result in movements or vocalizations occurring during a normal behavior. They are largely considered a neurodevelopmental disorder with childhood onset the defining feature.¹ Tic disorder occurring in adulthood are largely considered to be persistence of childhood tics.² Tics commonly result in significant functional impairment

to the individual.

Case report

We present Mrs. N.R, a 52 year old woman who was diagnosed with schizophrenia 12 years earlier. She had been on several medication including typical and atypical antipsychotics and conventional depot preparations. She had a history of good compliance with medications. After 12years of medication and remaining stable, she relocated to her village. Feeling that she has been cured and partly due to non-availability of specialist care, she discontinued her medications. Five months later, she started barking. This was associated with a gasping sound when it happens. Barking was occurring even in her sleep got worse with excitement, fatigue and stress. She consulted a neurologist who conducted Brain Magnetic Resonance Imaging (MRI) and Electroencephalography (EEG). With essentially normal result, she was then referred to the psychiatrist. Following detailed history, she was

diagnosed with Adult Onset Tic Disorder. She has no previous history of childhood tic disorder and no known family history of Tourette's syndrome. She was commenced on 5mg haloperidol tablet and increased gradually up to 30mg. After six weeks of non-improvement, her medication was changed to clozapine 25mg at night. Significant improvement was noticed from the fourth week and the barking finally stopped on the seventh week of low dose clozapine therapy. All the other symptoms also improved.

Discussion

Chronic motor tic disorder is a condition that involves quick, uncontrollable movements or vocal outbursts (but not both). Tics are more common in males than females. The prevalence rate is 1 in 10,000 before the age of puberty.³ Tics may involve excessive blinking, facial grimacing, quick and repetitive movements of the arms, legs and/or other areas, barking, grunts, throat clearing and

abdominal contractions. The exact cause of tic disorder is unknown. If the disease is affecting the individual's ability to function, medications may be useful. Low starting doses with gradual increase is advocated. Tourette syndrome is the more severe expression of a spectrum of tic disorders. One study suggested dysregulation of presynaptic dopamine function in Tourette's syndrome,¹ hence dopamine D₂ blockers are often effective in the treatment. Only haloperidol is listed in British National Formulary (BNF) for the treatment of tic disorders. We have shown success in the use of clozapine in the treatment of tic disorder resistant to haloperidol.

Conclusion

We have reported a 52-year-old female with adult onset tic disorder successfully treated with low dose clozapine and has called attention to this potentially disabling but uncommon disorder in adulthood.

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