INTRODUCTION

Tourette’s Disorder (Tourette Syndrome, TS) is a disorder with onset in childhood or adulthood and characterized by chronic, intermittently recurring multiple motor and vocal tics (1). Antipsychotic drugs are used most frequently in the treatment of TS, a known disease for a long time. Haloperidol and pimozide among these drugs are also used most frequently (2). Together with the introduction of second-generation antipsychotic drugs into use, case reports and studies showing the efficacy of these drugs in the treatment of TS are begun to be published. Partially positive effects of these drugs on the tics along with attention disorder, obsessions, hyperactivity and anxiety symptoms and positive adverse effect profiles lead them to be used more commonly (3).

In studies performed, it was reported that positive results were obtained with risperidone, olanzapine and quetiapine in TS treatment (4-6). In our country, there are publications regarding the efficacy of various second-generation antipsychotics in the treatment of TS as case reports. Bozabali et al. stated that sufficient response could not be obtained in two cases in one of their case reports and in another of their case reports they informed that the patient benefited the most from risperidone treatment among olanzapine, risperidone and haloperidol treatments (7,8).

Aripiprazole is a new generation antipsychotic agent showing partial agonistic effect against dopamine D2 receptors and serotonin 5-HT1A receptors and antagonistic effect against serotonin 5-HT2A receptors (9). Aripiprazole is begun to be used commonly in treatment of schizophrenia and bipolar disorder due to its efficacy and favorable adverse effect profile throughout world (10). In limited number of studies related to use of aripiprazole in TS treatment, favorable results were reported in general. Padala et al. stated that two patients with TS benefited from aripiprazole treatment (11). Also Davies et al. observed improvement in symptoms of 10 out of 11 TS patients using 10-20 mg aripiprazole (12). In this article, we aimed to report a TS case that has been treated for a long time due to TS and a marked improvement was observed in her condition by aripiprazole treatment that she has used recently.
CASE REPORT:

Twenty-six years old Mrs. A was graduated from the high-school, married and working as a worker in textile sector. She presented to the psychiatry outpatient clinic with complaints of involuntary eye blinking behavior and sound from the throat, gradually increasing unhappiness, pessimism, unwillingness, anhedonia, hypersomnia and increase in appetite. Her illness has been continuing as occasionally as eye blinking, turning her neck, curling lip and making voice like clearing her throat starting from 10 years old. While her complaints were occurring in conditions like especially anger, excitement and sorrow at the beginning, in the course of time these complaints began to occur also without any stressor factors. The patient presented to the psychiatry outpatient clinic several times and she used 3 mg/day haloperidol in the past. Although she benefited from this treatment partially, she discontinued the treatment due to adverse effects of the drug. The patient used 3 mg/day risperidone until last three months; she discontinued the drugs due to weight gain, increase in the appetite and menstruation irregularity. Also within last 1-2 months, complaints of gradually increasing unhappiness, pessimism, unwillingness, not taking pleasure in life and hypersomnia occurred.

At the psychiatric examination of the disease, it was determined that her conscious was open, her orientation was intact, her attention and concentration was decreased, her self-care was consistent with her socio-cultural condition, her speech was spontaneous and low pitched, presence of hopelessness themes within the thought contents, grief and anxiety in affect, depression in mood, decrease in psychomotor activity, motor and vocal tics.

The patient was diagnosed as “TS + major depression” and 100 mg/day fluoxamine and 10 mg/day aripiprazole treatments were prescribed. At the control interview performed after fifteen days, she mentioned about the decrease in her complaints especially hypersomnia, hyperphagia, eye blinking and curling lip behavior. The dose of aripiprazole was increased to 15 mg/day in the first month. At the psychiatric clinical evaluation of the patient who was followed-up regularly for 6 months, it was determined that depressive complaints and symptoms of the patient disappeared completely. When she was evaluated regarding TS, while motor tics disappeared completely, the patient stated that her vocal tics decreased as never before.

DISCUSSION:

The low rate of extrapyramidal adverse effects caused by second-generation antipsychotic drugs in addition to their efficacies also plays a role in their use in psychiatry increasingly. Classical antipsychotic drugs increasingly give their places to new generation antipsychotic drugs not only in schizophrenia treatment also in other indications they are prescribed. Tourette Syndrome is one of the new indications for second-generation antipsychotic drugs. There are too many case reports regarding the use of second-generation antipsychotic drugs in TS treatment, but limited numbers of open and case-controlled studies (4-6,13). Another antipsychotic drug shown to be clinically useful in TS with case reports recently is aripiprazole (11,12,14). While TS etiology is not known exactly, it is considered that many neurotransmitter systems play role in TS etiology. Obtaining a good response to especially classical antipsychotic drugs became effective to dwell on dopaminergic system much more for a long time. Also as a consequence of brain imaging and neuropsychological assessment studies performed in this direction, it was determined that the patients with TS might have a disorder especially in prefrontal dopaminergic region (15). Since aripiprazole is known as a partial agonist, the regulatory effect of the drug on the dopaminergic system may be effective in improvement of dopaminergic dysfunction observed in TS. Causing to less extrapyramidal adverse effect during this management also provides another advantage of the drug. In our case, the patient with 16-year history of TS stated that she felt herself better as never she felt before after aripiprazole treatment and no extrapyramidal adverse effect was encountered during follow-up period. This case is suggesting that aripiprazole, a partial dopamin agonist, can be an alternative treatment option in TS treatment, but controlled studies are required to conclude this.
REFERENCES