ABSTRACT (UPDATED)

Objective: To assess the impact of antidepressants (ADs) or neuroleptics (NLs) use on Huntington’s disease (HD) patients receiving tetrabenazine (TBZ).

Background: The potential interaction between TBZ and ADs/NLs has not been well studied.

Methods: Patients with hyperkinetic movement disorders were evaluated at the Parkinson’s Disease Center and Movement Disorder Clinic (PDCMDC), Baylor College of Medicine. Patients were initially hospitalized and TBZ was started at 12.5 mg/day. Dosage was increased every 3–7 days until a dosage-limiting adverse event (AE) occurred. TBZ was then decreased to greatest tolerable dosage. Response rates were rated on a 1–5 scale: 1 = marked or moderate reduction, very good improvement in function; 2 = fair improvement in function; 3 = no change in improvement function; 4 = poorer response for chorea function; 5 = worsening chorea and some functional deterioration.

Results: By 2014, 98 HD patients had participated in this trial. At baseline, 31% were on ADs or 39% on NLs. Of all patients evaluated, 32% received ADs and 34% received NLs. The percentage of patients reporting marked/moderate reduction was 75% for those receiving an AD, 82% for those not receiving ADs. The 15 patients who received ADs and NLs were categorized as combinations (32%), influenza (20%), depression (20%), akathisia (4%), sedation (3%), fatigue (3%), akinesia (3%), dyskinesia (3%), and restlessness (3%). Concomitant NL use at any time was 60% in those on NLs. The 5 most common ADs were Requip, PDN, and PDN therapy (26%), SSRI (15%), depression (15%), and PDN (10%).

Conclusions: While patients received a combination AD/NL, there was no adverse effect on TBZ response and TBZ related AEs did not differ substantially between patients with or without these concomitant medications.

LIMITATIONS

- Studies were conducted in a single center and patient demographics were not distributed equally across these treatment groups.
- The incidence of certain AEs (insomnia, depression, akathisia) appeared to be greater for the group of patients who received an antidepressant at any time during the study than for those who had not.
- Surprisingly, anxiety levels appeared to be more frequent in patients who had not received a neuroleptic.

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REFERENCES