EXPLORING THE RELATIONSHIP BETWEEN DRUG-INDUCED PARKINSONISM AND TARDIVE DYSKINESIAS

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We reviewed the medical records of 55 patients with initial diagnosis of DIP seen in our clinic who were subsequently revaluated in follow up.

The mean age at presentation was 63.2 years ± 12.8, and the mean duration of exposure to a potentially offending drug was 71.4 ± 101.5 months (range 2-276 months). The most frequent offending drugs were lithium, olanzapine, metoclopramide, risperidone and valproate (Figure 1). 21 patients were on more than one drug at the time of initial evaluation, and 26 patients had history of previous exposure to a neuroleptic, such as risperidone, haloperidol and thioridazine.

Drug-induced parkinsonism (DIP) tends to have an insidious onset, often starting many months after treatment with dopamine receptor blocking drugs, while tardive dyskinesia (TD) may present concurrently with DIP or manifest as withdrawal emergent dyskinesia. Older patients and those of female gender tend to be more vulnerable to developing DIP and TD.

The most frequent diagnoses for treatment with a potentially offending agent were bipolar disorder in 18 (32.7%), gastrointestinal symptoms in 11 (20%), depression in 10 (18.2%), and schizophrenia and psychosis in 8 (14.6%) patients. Three patients were under treatment for more than one diagnosis (e.g. GI symptoms and depression).

Concurrent with DIP, 17/55 patients had TD, 18/55 had tremor, and one each had tardive dystonia and tardive akathisia (figure 2).

DIP tends to improve once the offending agent, most frequently a neuroleptic agent, is discontinued. The presence of TD concurrent with DIP does not indicate poor prognosis and may suggest that these patients will not develop idiopathic PD.

REFERENCES