

Quetiapine Treatment for Psychosis in Friedreich's Ataxia

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ÖZET:

Friedreich ataksisindeki psikozun tedavisinde ketiapin

Friedreich's Ataksi, progresif spinocerebellar ataksilerin en sık görülen formudur. Sensöriyel ve serebellar komponentler içerir ve otozomal resesif olarak kalıtılır. Kognitif bozukluk, depresyon, emosyonel labilite ve şizofreniye benzer psikoz, hastalığın psikiyatrik bulgularıdır. Bu çalışmada, psikotik bulguları ortaya çıkan ve ketiapine cevap veren Friedreich's Ataksi vakası sunulmuştur.

Anahtar sözcükler: Friedreich's ataksi, ketiapin, psikoz

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ABSTRACT:

Quetiapine treatment for psychosis in friedreich's ataxia

Friedreich's Ataxia is the most common form of progressive spinocerebellar ataxia with mixed sensory and cerebellar components and is inherited via an autosomal-recessive gene. Cognitive impairment, depression, emotional lability, and schizophrenia-like psychosis are the psychiatric manifestations of the disease. In this study we describe a patient with Friedreich's ataxia who developed psychosis and responded to quetiapine.

Key words: Friedreich's ataxia, quetiapine, psychosis

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Friedreich's Ataxia is the most common form of progressive spinocerebellar ataxia with mixed sensory and cerebellar components, and is inherited via an autosomal-recessive gene (1,2). Cognitive impairment, depression, emotional lability, and schizophrenia-like psychosis are the psychiatric manifestations of the disease (3). There are many studies which have focused on neuropsychological performances but there are only two reports of patients with Friedreich's ataxia with psychosis and their psychoses were treated with risperidone and aripiprazole successfully (4,5). We describe a patient with Friedreich's ataxia who developed psychosis and responded to quetiapine.

Ms. F was a 25 year old woman, diagnosed with Friedreich's ataxia while she was 17 years old. She developed paranoia and was complaining of auditory and visual hallucinations. Her auditory hallucinations included orders that controlled her behaviors and she believed that

if she did not comply with the orders she would be punished; she was continuously in fear. She was reluctant and had the somatic symptoms of insomnia and fatigue. Her past psychiatric history included depressive symptoms and since she could not tolerate paroxetine, she had discontinued it. Her family history was notable for an elder sister who also had Friedreich's ataxia. There was no history of alcohol or substance abuse. The patient was referred to a psychiatry clinic. She was diagnosed with psychosis and also had minor depression symptoms. Escitalopram 5 mg was prescribed for depression and quetiapine 300 mg was prescribed for psychosis. The dosages were increased to 10 mg for escitalopram and 400 mg for quetiapine after one week. At the end of the first week she gained insight to her auditory and visual hallucinations and at the second week her psychotic and depressive symptoms were significantly diminished. She

experienced no extrapyramidal symptoms or other side effects.

In the literature, there are only two cases of Friedreich's ataxia with psychosis and their psychoses were treated with risperidone and aripiprazole successfully (4,5). One of them was first treated with quetiapine but, due to the adverse effects of sedation, muscle stiffness, and vision

impairment, treatment was discontinued (5). In our patient we started quetiapine and her symptoms diminished significantly. There were no complaints of cognitive dysfunction or extrapyramidal symptoms and sedation improved in a period of one week. Quetiapine was an effective and well-tolerated treatment for psychosis in our Friedreich's ataxia with psychosis patient.

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