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CASE REPORT

Extrapyramidal Reactions Associated With Venlafaxine Extended Release

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Abstract

Extrapyramidal symptoms have been described with the selective serotonin-reuptake-inhibiting type antidepressants (SSRIs) and the serotonin-norepinephrine reuptake inhibitor venlafaxine. It has been hypothesized that serotonergic activity (serotonin reuptake inhibition) may result in clinically significant inhibition of dopaminergic function.
A 67-year-old female was treated with escitalopram (10 mg per day) for affective disorder. After 1 week, treatment was switched to venlafaxine extended release (75 mg per day). After four days the patient experienced difficulty in speaking, tremors, facial grimacing, and general rigidity. She was treated with the anticholinergic drug biperidene (intramuscular injection, 10 mg) and the symptoms disappeared (German J Psychiatry 2007; 10: 94-95).

Keywords: venlafaxine, extrapyramidal symptoms

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Introduction

Extrapyramidal reactions (EPS) have been described with selective serotonin reuptake inhibitors (SSRIs)(Schillervoort et al, 2002) and the serotonin-norepinephrine reuptake inhibitor (SNRI) venlafaxine (Tzallas et al, 1995; Chiffoleau et al, 2002). It has been suggested that serotonin activity, because of serotonin reuptake inhibition, can produce an important inhibition of dopamine function (Hamilton et al, 1992).

We present a case of reversible parkinsonism secondary to the intake of venlafaxine. A 69-year-old female was admitted to the emergency service of our General Hospital, without somatic antecedents. She was taking escitalopram (10 mg per day) for affective disorder related to a family affair (ICD-43.2 Adjustment Disorder). Due to lacking response, escitalopram dose was reduced to 5 mg/day and treatment with venlafaxine extended release (75 mg per day) was introduced after one week. After on week of venlafaxine treatment, the patient started to have difficulty to speak, head and extremities tremor, facial grimacing, impossibility to walk and generalized rigidity with cogwheeling. She was admitted to the emergency room and both drugs were stopped. A possible serotoninergic syndrome was dismissed, as the patient had not fever, hypertension or sweating, and we began a treatment with biperidene (5 mg p.o. every hour for 4 hours) and diazepam (10 mg p.o. every hour for 2 hours). After 6 hours of treatment in the emergency service, extrapyramidal symptoms decreased, tremor was reduced and the patient she could walk with difficulties. However, cogwheeling persisted. Twenty hours later, the patient had slept all night, did not show generalized rigidity or tremor, and could walk without help, but she still showed mild cogwheeling. Mild weakness in her extremities persisted. We discharged the patient with the following treatment; biperidene extended release (5 mg per day for one week), trazodone (100 mg per day ascending progressively from 50 to 100 mg), and diazepam (10 mg per day). She was referred to her psychiatrist for outpatient monitoring. All symptoms were resolved.

Discussion

EPS induced by SSRIs or SNRIs are infrequent. They can occur during short or long treatment, with all kinds of serotonergic antidepressants and within a wide range of doses (Gerber et al, 1998).

EPS have been described in venlafaxine premarketing clinical trials with a frequency over 1/1000 (Wyeth Pharmaceuticals, 2005). The wide spread and increasing of antidepressant use in the general population (particularly venlafaxine in adult and elderly people) requires special attention to these kinds of adverse symptoms due to their functional consequences. In elderly patients, EPS could increase the probability of falls. Therefore, a close clinical monitoring of patients with special attention to EPS is necessary.

Our patient did not have a personal or familiar history of EPS. It is important to emphasize that although EPS have been observed during venlafaxine treatment, in this case EPS may also have been associated with the concomitant use of escitalopram (Tzallas et al, 1995), or they may have occurred coincidentally. However, as escitalopram dose had been decreased, an association with venlafaxine seems more probable.

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