Paliperidone Palmitate for Obsessive-compulsive Symptoms in a Patient with Schizophrenia: An Alternative Choice?

Mr. Chen, a 39-year-old male patient, was diagnosed with schizophrenia when he first admitted to our ward during June to August 2003 due to a cluster of disorganized symptoms including paranoid and reference delusion, self-talking, social withdrawal, and aggressive behavior. Meanwhile, He also sustained some obsessive compulsive (OC) symptoms such as repetitive hand-washing, although those symptoms were improved after taking with risperidone. But during the next eight years due to his poor insight and drug incompliance, Mr. Chen had been admitted repeatedly to our hospital for four times. Inspite that he accepted injection of risperidone (25 mg/2 weeks), zuclopenthixol (200 mg/2 weeks), and haloperidol (50 mg/2 weeks) as well as oral amisulpride (400 mg/day), his persecutory delusion, arguing with family and violence were persisted with little improvement. Besides, the ritual behaviors recurred and occupied most of his time, including compulsive drinking, repeating lying and sitting up on bed, taking tissue paper for sneezing. Those OC symptoms were persisted even under the medication of serotonin specific reuptake inhibitor (fluoxetine 40 mg/day). In January 2011, he received injection of paliperidone palmitate (150 mg initially, 1 week later 100 mg/month). During the first two weeks of treatment course, his self-care and interfering behavior were mildly improved. After a four-week treatment, his occupational function and OC symptoms were dramatically improved. As evaluated by the Yale-Brown Obsessive Compulsive Scale (YBOCS), his OC symptoms were rated from a score of 32 before to a score of 6 after a four-week treatment with paliperidone palmitate. Despite the akathisia had been noticed, his OC symptoms were kept improving in the next one year, under medication with paliperidone palmitate and finally worked well at a convenient store.

Comment

This case report might offer an alternative treatment for the patient of schizophrenia with treatment resistant OC symptoms. The relation between antipsychotics and obsessive compulsive symptoms were surveyed in the recent decades and presents a paradox: on the one hand, some researchers remarked that the antipsychotic drugs make OC symptoms worse; on the other hand, some researchers found the reverse effect [1]. The latter is supported by some studies [2], showing (A) that the high levels of 5-HT₂ antagonism augmenting the serotonin reuptake inhibitors by reversing the down-regulation of serotonin receptors at low doses of second-generation (atypical) antipsychotics, and (B) that the marked dopamine D2 antagonism at high doses. In addition, some functional neuroimaging studies might also explained the possible importance of the dopamine antagonism, those have showed (A) increased do-
paminergic tone in the striatum among OCD patients, and (B) inhibited nigrostriatal dopaminergic activity was related to OCD improvement [3].

Although paliperidone and risperidone are both 5-HT\textsubscript{2A} and D\textsubscript{2} antagonisms, and risperidone is proven the effective as treating SSRI-resistant OC symptoms [4]. Paliperidone palmitate has the merits of less side effect, \textit{i.e.} decreased prolactin level and reserved sexual function [5], and better cost-effectiveness while comparing with long-acting injectable risperidone.

To summarize, we suggest that his report represents a preliminary new observation that paliperidone palmitate might be an alternative choice for the treatment-resistant OC symptoms, especially for schizophrenia with poorer cognitive function which might followed by poor insight. Since many unclear understandings about the effect of antipsychotic drugs on OC symptoms still exist, further clinical studies to clarify this issue are needed. (The authors declare no potential conflict of interest in reporting this clinical case.)

References


2. Bloch MH, Landeros-Weisenberger A, Kelmendi B, Coric V, Bracken MB, Leckman JF: A systematic re-


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