

# ACUTE DYSTONIA AND SSRI TREATMENT: A CASE REPORT

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## INTRODUCTION

Dystonia consists in involuntary muscle contractions resulting in abnormal postures. In this case report we describe a lower limb acute dystonia secondary to citalopram treatment.

Among iatrogenic causes of acute dystonia, SSRI drugs intake represents a rare but significant occurrence [1] although the neurophysiological bases of this disabling disorder are still unclear. Drug-induced dystonia may occur within minutes or hours or, sometimes, days after exposure to SSRI.

## CASE REPORT:

We describe the case of a 70 years-old female, who came to our attention for acute lower limb dystonia, arised 10 days before during a hospitalization for malnutrition due to chronic alcohol abuse and dysphagia. 8 days before the onset of dystonia, she started citalopram treatment for anxiety. Neurological examination showed bilateral dystonia, with left club foot and right plantar irreducible flexion, limb hypokinesia and bradikinesia. Lower and upper limb reflexes were absent The remaining neurological examination was normal.

Neuroimaging (brain MRI, [(123)I]FP-CIT SPECT) was not evocative for extrapyramidal system involvement.

We introduced levodopa 100 mg/die, without amelioration on active and passive ankle mobilization. Because of persistent lower limb dystonia, biperidene was administered until 4 mg/die; then, according to the hypothesis of drug-induced dystonia, we decided to stop citalopram. Three days after discontinuation, there was an improvement of active and passive range of ankle motion: right clubfoot was reducible with passive mobilization (20 degree), and left plantar flexion was reducible even with voluntary mobilization (30 degree; complete recovery with passive mobilization). Six months after the introduction af biperidene 4 mg/die, there was an important clinical improvement, with a resolution af left club foot and a complete recovery of active and passive right ankle motion.

## CONCLUSIONS:

Citalopram is often used in the treatment of anxiety, depression, panic disorder and obsessive-compulsive disorder; it could potentially cause drug-induced dystonia, probably by interfering with dopamine metabolism (synthesis and synaptic release in the striatum and cortex.

Although rarely reported, we suggest that SSRIs-induced dystonia has to be taken into account in those cases without other reasonable explanation, in particular considering their widespread use in clinical practice.



Left club foot in acute dystonia



Clinical amelioration after six months

## Bibliografia

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