



CLINICAL COURSE OF PSYCHIATRIC DISORDERS IN PATIENTS WITH CERVICAL DYSTONIA

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Background

It is known that Cervical Dystonia (CD) causes disability, pain, social embarrassment and a reduction in the quality of life. CD patients often display psychiatric abnormalities, including depressive and anxiety disorders.

Objectives

To better understand whether psychiatric disorders are part of the clinical spectrum of CD or are secondary to the dystonia-induced disability, we performed a psychiatric and neurological follow-up study on a cohort of CD patients who had previously been included in a case-control study (Fabbrini et al, 2010).

Methods

Participants

• 23 CD patients (17 women, 6 men; mean age: 60±14.2 years) enrolled at the Department of Neurology and Psychiatry, Sapienza University of Rome studied twice 5 years apart. Patients were studied 4 months after the last injection of botulinum toxin.

Psychiatric and motor assessment

- SCID-Interview for DSM-IV
- Hamilton Rating Scale for Anxiety (HAM-A)
- Beck Depression Inventory (BDI)
- Y-BOCS severity rating scale
- Toronto Western Spasmodic Torticollis Rating Scale (TWSTRS)

Statistics:

• Non-parametric test (Wilcoxon Sum ranking test) was used to identify any differences in the psychiatric and neurological rating scale scores between the first evaluation and second evaluation conducted 5 years later.

Results

Psychiatric disorders in 23 CD patients at the first and at the second evaluation performed with a 5 years interval

Patient	Psychiatric diagnosis 2008	Psychiatric diagnosis 2013
1	-	-
2	Anxiety, NOS	GAD
3	-	-
4	MDD+OCD	MDD+OCD
5	Adjustment disorder	-
6	Anxiety NOS	GAD
7	-	-
8	MDD	MDD
9	-	-
10	-	Adjustment disorder
11	Adjustment disorder	-
12	-	-
13	MDD	Dysthymia
14	Dysthymia	Dysthymia
15	-	GAD
16	MDD	MDD
17	Anxiety NOS	-
18	GAD	GAD
19	Panic Disorder	GAD
20	MDD	Anxiety NOS
21	Adjustment disorder	GAD
22	GAD	GAD
23	-	-

- 15 of the 23 CD patients have psychiatric disorders at the first evaluation; 14 of the 23 CD patients have psychiatric disorders at the second evaluation
- Frequency and type of psychiatric disturbances detected at the second evaluation did not differ greatly from those detected at the first evaluation five years earlier
- No differences in the main score of the various psychiatric rating scales between the first and the second evaluation
- Significant improvement in the TRWRS score at the second evaluation compared with that at the first evaluation

Conclusions

We suggest that psychiatric disorders do not merely reflect the severity of dystonic movements, but actually belong to the clinical spectrum of cervical dystonia

References

Fabbrini, G., Berardelli, I., Moretti, G., Pasquini, M., Bloise, M.C., Colosimo, C., Biondi, M., Berardelli, A., 2010. Psychiatric disorders in adult-onset focal dystonia: a case-control study. *Mov. Disord.* 25, 459–465.