Low-Dose Aripiprazole Induced Diurnal Enuresis in a Child

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Abstract

Aripiprazole is an atypical antipsychotic that commonly using in the treatment of childhood disorders like bipolar disorder, psychosis, irritability associated with autism spectrum disorder. Aripiprazole has some common side effects like extrapyramidal disorder, somnolence, tremor, fatigue, nausea, akathisia. Nocturnal enuresis is also a rare side effect of aripiprazole. There are limited data about enuresis associated with aripiprazole in the literature.

Keywords Disorder; Somnolence; Tremor; Fatigue; Nausea; Akathisia

Introduction

Aripiprazole (ARP) is an atypical antipsychotic with partial agonist at 5-HT1A and dopamine D2 receptors and antagonist at 5-HT2A receptors [1]. ARP mostly using in children and adolescents for the treatment of bipolar disorder, psychosis, irritability associated with autism spectrum disorder, tic disorders [2,3]. Commonly observed adverse effects in using ARP in children and adolescents are the extrapyramidal disorder, somnolence, tremor, fatigue, nausea, akathisia, blurred vision, dizziness, salivary hyper secretion [2]. Some antipsychotic agents like clozapine can cause enuresis most common than some other antipsychotics [4]. Besides, some authors reported that ARP induced nocturnal enuresis in children with autistic disorder [5]. But conversely, some authors suggested that ARP can be beneficial in the treatment of enuresis induced by antipsychotics [6]. As far as we know this is the first reported case of ARP induced diurnal enuresis in a child.

Case Report

The case presented here was a 9-year-old boy consulted our clinic with complaints of eye blinking, head jerks and guttural noise. He had been having these problems for about 5 years. In some months these symptoms was waxed but in some other months was decreased. Also there was no time without tic symptoms in the past 5 years. These symptoms usually had seen in different times, but sometimes had seen together. This symptom was affected social life, and caused peer bullying especially in school life. The patient was diagnosed as Tourette Syndrome (TS) according to the DSM 5 (American Psychiatric Association 2013). The Yale Global Tic Severity Scale (YGTSS) was used measure of tic severity in TS. YGTSS was 5 and 4 for motor and vocal tics at the beginning of treatment, respectively. ARP 2.5 mg/day was started and one month later TS symptoms improved slightly. YGTSS score was 3 and 3 for motor and vocal tics at this visit, respectively. ARP dose was increased to 5 mg/day, and one month later TS symptoms disappeared. YGTSS was 0 for motor and vocal tics at this visit. The patient's tic symptoms never recurred over 6 months of follow-up.

Discussion and Conclusion

ARP commonly uses in the treatment of bipolar disorder, psychosis, irritability associated with autism spectrum disorder, tic disorders for children and adolescents by acting as a partial agonist at 5-HT1A and dopamine D2 receptors and as an antagonist at 5-HT2A receptors [1-3]. An antipsychotic agent like clozapine can cause nocturnal enuresis is well known. Also, ARP using in the case of nocturnal enuresis associated with antipsychotics [6]. However, some researchers suggested that ARP can cause nocturnal enuresis in the treatment of irritability associated with autism. In the literature, there is limited inconsistencies data about the relationship with ARP and enuresis. Also, neuropharmacological mechanisms underlying the association between ARP and enuresis are currently unknown. Future studies investigating the antipsychotics side effects of elimination disorders will improve our knowledge of this topic.

References