



Tardive Dyskinesia and the Clinical Concept of Dopamine Super Sensitivity Psychosis in a Patient with Schizoaffective Disorder after Withdrawal of an Atypical Antipsychotic Drug

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Abstract

Antipsychotics are the first-line treatment for psychotic disorders, which have antagonistic effects on the D2 dopamine-receptor, reducing dopamine mediated transmission. Long-term use of antipsychotics can potentially lead to a likely irreversible disorder called tardive dyskinesia (TD). The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM V) defines tardive dyskinesia as a medication-induced movement disorder that persists despite discontinuation or change of the medications. While it is typical to see the development of TD with long-term use of antipsychotics, there are few reported cases reports of the development of TD with the withdrawal of antipsychotics. The development of TD symptoms with withdrawal of antipsychotics leads to the discussion of a phenomenon known as super sensitivity psychosis (SP). Super sensitivity psychosis was first defined as the emergence of psychotic symptoms with TD following the discontinuation of certain medications, typically antipsychotics. The following article presents the case of a patient diagnosed with schizoaffective disorder who developed TD after withdrawal of long standing administration of a second-generation antipsychotic, risperidone, whose symptoms began to improve after introduction and increased titration of clozapine.

Furthermore, the following article summarizes the literature on super sensitivity psychosis in patients who were discontinued on antipsychotics and current practices for the treatment of SP.

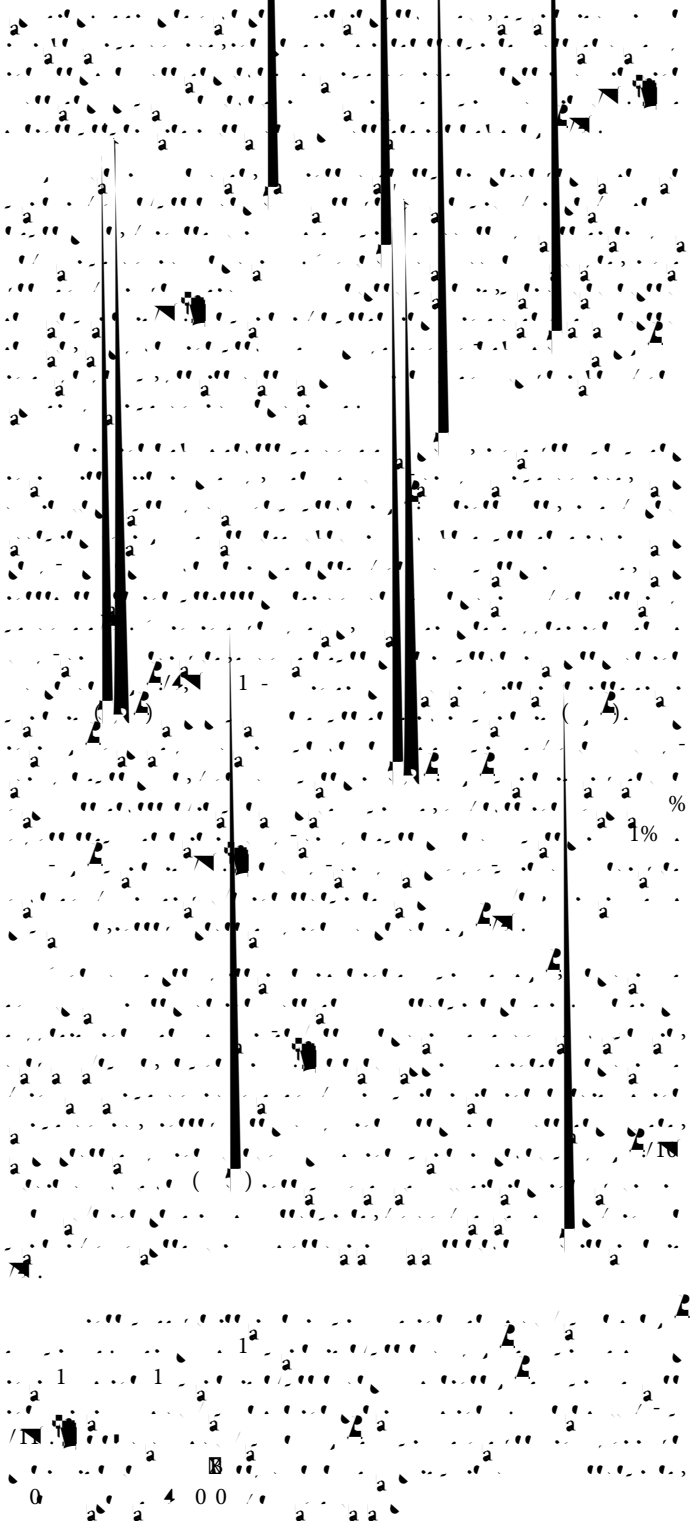
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Discussion



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