

CORRESPONDENCE

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Aripiprazole in Children and Adolescents
with Tourettes Syndrome

ARIPIPRAZOLE IN CHILDREN AND ADOLESCENTS WITH TOURETTES SYNDROME

We read Chawla et al's¹ case report with great interest. Tourettes syndrome (TS) is one of those psychiatric conditions, which can be frustrating for the treating clinician, patient and his family alike, due to its chronic nature, availability of only symptomatic treatment and relative absence of any known curative and preventive treatments. This article has refreshed our interest in the topic and particularly in the use of aripiprazole in TS in children and adolescents.

The value of aripiprazole for treating neuropsychiatric disorders in children has not been established yet, although individual cases and case series reports may give confidence to the clinicians for using aripiprazole in TS. There have been some other case reports²⁻⁴ and a couple of case series⁵⁻⁶, providing anecdotal evidence of aripiprazole effectiveness in the treatment of tics in TS with an extremely favourable side effects profile.

Dehning et al report effective response to aripiprazole in a younger patient with TS having multiple side effects to pimozide, sulpiride, and tiapride². Prada et al found, aripiprazole to be efficacious in management of the tics in Tourette's disorder in two cases³. Inta et al described a case of a 20 year old suffering of both Tourette's syndrome and obsessive-compulsive disorders (OCD) that showed a quick and dramatic recovery in symptomatology following a low-dose aripiprazole mono-therapy. Aripiprazole treatment was well tolerated with a long-term therapeutic response⁴.

Murphy et al, presented results of a retrospective chart review of six youth with TS and co morbid OCD who were treated over 12 weeks with aripiprazole with good effect⁵. Davies et al presented a case series of 11 patients (Age 7-50 yrs) from the UK and suggested that aripiprazole may well be useful for individuals with TS as response to it is often quick, dramatic, sustained and with few, generally mild and transient side effects⁶.

In this case report by Chawla et al, it is interesting to see depression as a co morbid condition to TS¹. This

has very rarely been reported in literature with OCD and Attention Deficit Hyperactivity Disorder (ADHD) being the most common co morbid conditions. The evidence suggests that 'treatment of the comorbid psychiatric disorder may be more valuable than treatment of the core features of the syndrome'⁷.

Authors have not commented on the comorbidity of depression or any other condition in this case, at the time of their involvement. As one may wonder, any observable improvement could be secondary to improvement of co morbid depression, use of antidepressant medication (if used) or to a combination of aripiprazole with antidepressants.

We agree with Chawla et al, that "the natural waxing and waning pattern of tics in Tourettes poses a major limitation to any drug treatment. Therefore, further well-designed controlled trials are clearly indicated to prove the efficacy of aripiprazole in the treatment of Tourettes syndrome". The good news is that, researchers from University of Florida, have been conducting an open label, flexible dose study designed to evaluate the safety and efficacy of aripiprazole in TS (or chronic tic disorder) in subjects with or without associated OCD symptoms and with or without ADHD symptoms⁸ but results are yet to publish.

REFERENCES

1. Chawla M, Jain AK, Fouladi Z. Treatment of tics in Tourettes syndrome with aripiprazole. *J Pak Psych Soc* 2008; 5; 118-9.
2. Dehning S, Riedel M, Muller N. Aripiprazole in a patient vulnerable to side effects. *Am J Psychiatry* 2005; 162:625.
3. Padala PR, Qadri SF, Madaan V. Aripiprazole for the Treatment of Tourette's Disorder. *Prim Care Companion J Clin Psychiatry* 2005; 7: 296-9.
4. Inta D, Englisch S, Zink M. Tourette syndrome and obsessive-compulsive disorders. *German J Psychiatry* 2008; 11: 123-5.
5. Murphy TK, Bengtson MA, Soto O, Edge PJ, Sajid MW, Shapira N, et al. Case Series on the use of aripiprazole for Tourette syndrome. *Int J Neuropsychopharmacol* 2005; 8: 489-90.
6. Davies L, Stem JS, Agarwal N, Robertson MM. A case series of patients with Tourette's syndrome in the United

Kingdom treated with aripiprazole. Human Psychopharmacol 2006; 21: 447-53.

7. Gelder M, Harrison P, Cowen P. Shorter Oxford Textbook of Psychiatry. 5th ed. Oxford: Oxford University Press, 2006. p353.
8. Murphy TK. Aripiprazole in the treatment of Tourette's syndrome. (Clinical Trials.gov: NCT00282139). yet to publish.

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