

thought disorder. Although DP can occur in any time of life, current evidence indicates that it occurs particularly in elderly patients. In this report, we described a case of primary DP who did not improve with quetiapine and subsequently fully remitted with low dose risperidone. H.E. was a 79-year-old uneducated and unmarried woman with low socioeconomic level. She was admitted to our outpatient clinic because of consisting of seeing small ectoparasites attacking her skin and hairs and crawling along the floor of his house beginning five months before. Upon examination, she was found to suffer from somatic delusions regarding to ectoparasites attack her body and insomnia. All the laboratory investigations were in normal range. She was diagnosed with primary DP based on the symptoms, signs, and history of illness. Treatment with quetiapine was started, first at the dose of 25 mg/d and gradually increased to 200 mg/day at the end of fourth week. However, at the fifth weekend, she reported much sedation and

orthostatic hypotension with this treatment. Additionally, there was no clinical improvement in her psychiatric symptoms. Therefore, quetiapine treatment was completely stopped and subsequently risperidone 0.5 mg/day was started. During the follow-up period, significant improvement was observed with risperidone 0.5 mg/day and by the end of the fourth week; there was a complete remission in her delusion and insomnia. Evidence regarding the use and the efficacy of atypical antipsychotics in DP is limited to case reports. In addition, several case reports have indicated the beneficial effects of risperidone in primary DP. In conclusion, when the treatment approach is selected in primary DP cases, as the side effects, patient compliance, and effectiveness must be evaluated at the same time and take into consideration the persistent nature of the illness.

Key words: *delusional parasitosis, risperidone, quetiapine*

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Friedreich Ataksili bir hastada ortaya çıkan psikozda ketiyapin tedavisi: Bir olgu sunumu / *Quetiapine treatment for psychosis in Friedreich's Ataxia*

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Herediter ataksiler arasında en sık gözlenen tip olan Friedreich's Ataksi (FA) otozomal çekinik geçişli nörodejeneratif bir hastalıktır. Bu hastalıkta depresyon, duygusal oynaklık ve psikotik belirtiler görülebilir. Ancak literatürde FA ve psikozun birlikte olduğu olgular sayıca azdır. Bu nedenle FA tanısı konmuş, psikozla giden ve ketiyapinden fayda gören olgu tartışıldı.

On yedi yaşında dengesiz yürüme yakınması başlayan hastaya, 20 yaşında FA tanısı konmuş. Yirmi beş yaşındaki kadın hasta, kliniğimize kontrolünde dengesiz yürüme, hayal görme yakınmalarıyla başvurdu. Depresif duygudurumu ve işitsel varsanıları vardı. Kendisine zarar verilebileceği şeklinde kötülük görme sanrıları vardı. FA tanılı, koenzim Q, B ve E

vitamini tedavisi almakta olan hastaya, ciddi psikotik ve depresif bulgular nedeniyle essitalopram 10 mg/gün ve ketiyapin 400 mg/gün verildi. İki hafta sonra, psikotik ve depresif belirtileri kaybolmuştu.

FA hastalarındaki çalışmalarda, nöropsikiyatrik performansa bakılmıştır. Yürütücü işlev bozuklukları gibi bilişsel anormallikler tanımlanmıştır. Ancak FA, psikoz birlikteliği ve tedavisiyle ilgili az sayıda olgu bildirilmiştir. Bir çalışmada, FA hastasında gelişen psikotik belirtiler risperidonla başarıyla tedavi edilmiştir. Yiu-Chung Chan, FA'da gelişen psikozun risperidonla başarılı tedavisine karşın, hiperprolaktinemi gelişmesi nedeniyle aripiprazol başlamış, yanıt almıştır. Bu olguda, aripiprazolün psikozu tedavi etmesinin yanında bilişsel işlevlerde gelişme sağladığı da

vurgulanmıştır. Literatürde, FA'da gelişen psikozda ketiyapine ilgili bilgiye rastlanmadı. Biz bu hastada, psikotik bulgulara yönelik olarak ketiyapine başarılı sonuç aldık. Ketiyapine, FA ve

psikoz birlikteliğinde iyi tolere edilebilen, etkin alternatif bir farmakoterapötik ajan olabilir.

Anahtar sözcükler: Ketiyapine, psikoz, Friedreich's ataksi

Quetiapine treatment for psychosis in Friedreich's Ataxia

Friedreich's Ataxia (FA) is the most common form of progressive spinocerebellar ataxia with mixed sensory and cerebellar components, and inherits autosomal-recessive.^{1,2} Cognitive impairment, depression, emotional liability, and schizophrenia-like psychosis are the psychiatric manifestations of the disease.³ There are many studies, which focused on neuropsychological performances but there are only two reports of patients with FA with psychosis and their psychosis were treated with risperidone and aripiprazole successfully. We describe a patient with FA who developed psychosis and responded to quetiapine.

Ms. F. was a 25 years old woman and diagnosed with FA while she was 17 years old. She developed paranoia and was complaining of auditory and visual hallucinations. Her auditory hallucinations were including orders that control her behaviors and she believed that if she did not comply the orders she would be punished and she was continuously in fear. She was reluctant and had the somatic symptoms of insomnia and fatigue. In her past psychiatric history, there were depressive symptoms and since she could not tolerate she had discontinued paroxetine. Her family history was notable for an elder sister who also had FA and

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there were no alcohol and substance abuse history. The patient was referred to psychiatry clinic and started escitalopram 5 mg and quetiapine 300 mg and the dosages were increased 10 mg for escitalopram and 400 mg for quetiapine after one week. At the end of the first week, she did not believe her auditory and visual hallucinations and second week; her psychotic and depressive symptoms were significantly diminished. She experienced no extrapyramidal symptoms or other side effects.

In the literature there are only two cases of FA with psychosis and their psychosis were treated

with risperidone and aripiprazole successfully. One of them was first treated with quetiapine but due to the side effects of sedation, muscle stiffness, and vision impairment treatment was discontinued. In our patients, we started quetiapine and her complaints were significantly diminished. There were no complaints of cognitive function and sedation was improved in a period of one week. There were no complaints of extrapyramidal symptoms. Quetiapine was an effective and well-tolerated treatment for psychosis in our FA with psychosis patient.

Key words: quetiapine, psychosis, Friedreich's ataxia

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Antidepresan kullanan hastalarda cinsel işlev bozukluğu / Antidepressant induced sexual dysfunctions

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