

CASE REPORT

THE EFFECTIVENESS OF PALIPERIDONE FOR ADOLESCENTS WITH ATYPICAL PRESENTATION OF BIPOLAR DISORDER IN MANIC PHASE: A CASE REPORT

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Abstract

Objective: To report the use of Paliperidone in an adolescent with bipolar disorder primarily concerning its effectiveness and safety. **Method:** We present a case report of an adolescent with atypical presentation of bipolar disorder. The problem was complicated by poor liver function and poor compliance. Progress of the patient was recorded. **Results:** The patient showed dramatic improvement after 2 weeks on Paliperidone and has achieved the best level of functioning after almost 4 years on other treatment. **Conclusion:** The usage of Paliperidone was effective and safe in an adolescent with atypical bipolar disorder.

Keywords: Paliperidone, atypical bipolar disorder, adolescent

Introduction

Paliperidone is an extended release tablet using OROS technology [1] that has not been approved to be used in adolescents. It has limited hepatic metabolism and is taken as single dosing. This case is about the use of Paliperidone in an adolescent who had an atypical presentation of bipolar disorder, poor liver function and poor compliance.

Case Report

A 14-year old, Form Two schoolgirl, presented in April 2005 with a two-month history of prominent depressive symptoms

such as feeling sad, anhedonia and suicidal ideation. Later on, she gradually developed psychotic symptoms such as third person auditory hallucinations, visual hallucinations and paranoid delusions. Her mood was unpredictable (in which it changed many times in a day and caused difficulty in managing the patient at home). It took about two years to come to a true diagnosis because of the atypical presentation. The initial diagnosis was major depressive disorder with psychotic features which later changed to schizophrenia and finally bipolar disorder. She was initially on Olanzapine and Sodium Valproate up to 10 mg and 500mg ON respectively. She showed

minimal response with that regime and about 18 months later, she developed typhoid fever. All medications were withheld for about 3 months due to poor liver function. During that period she developed full blown mania in which she was excessively happy, sang non-stop, was over friendly, talkative, put on excessive make up and showed disinhibited behavior towards males.

Since the symptoms were worsening, Olanzapine 10 mg was restarted as monotherapy, but Sodium Valproate was withheld to prevent further liver damage. After two months, the mood persistently swung many times in a day. This led to a decision to restart the mood stabilizer. However due to the deranged liver function, lithium was chosen and optimized to reach the level of 0.9 mmol/l at the dosage of 300 mg OM and 600 mg ON. Her manic symptoms improved slowly but remained at the hypomanic state. After a year on this regime, she still did not get back to her premorbid level, so Olanzapine was stopped and changed to Quetiapine in August 2007. She slowly showed some improvement and the dosage was increased to 500 mg daily. Due to the twice daily dosing and sedative side effects, the patient occasionally omitted taking them. The importance of compliance was repeatedly reminded during clinic sessions. Progress was monitored but she still remained at the hypomanic state.

The decision to switch the treatment from Quetiapine to Paliperidone in February 2009 was made based on the slow recovery of liver function and the daily dosing. Initial dose was 3 mg ON which was then increased to 6 mg ON. Surprisingly within 2 weeks duration, the patient showed dramatic improvement. Her most prominent

improvement was the mood lability in which the irritability was almost nil. The Young Mania Rating Scale [2] showed significant reduction. She stopped using excessive make up and singing. She slowly regained her social functioning and started to help her mother with house chores. She also has started praying five times a day which she had stopped doing since she was ill 4 years ago.

Discussion

Paliperidone is an atypical antipsychotic that is derived from the active metabolite of Risperidone. It has been approved for the treatment of schizophrenia by the Food and Drug Administration (FDA)[3]. Even though it has not been approved for the treatment of bipolar disorder it is often prescribed off-label for acute mania. An extensive literature search did not reveal any references or case reports on the use of Paliperidone on adolescents with bipolar disorder. To date this drug has not been approved for the treatment of children or adolescent but an 8-week open label multicenter clinical trial of Paliperidone for the treatment of mania in children ages 6-17 with bipolar disorder [4] is still going on.

This patient developed none of the known side effects of Paliperidone. The single daily dosing and absence of the side effects of Paliperidone have solved the compliance problem. On top of that, Paliperidone could probably have a mood stabilizing effect which was clearly shown in this patient.

As a conclusion, this case report showed the usage of Paliperidone was effective and safe in an adolescent with atypical bipolar disorder.

Declaration of interest

This case report is independent from any sponsorship from any pharmaceutical company and solely based on the authors' experience. The author did not receive any reward for writing this case report.

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