Poster presentation

Ziprasidone among adolescents with overlapping OCD and Tourette's syndrome (Pilot study)

Maruke Yeghiyan^{*1}, Narine Israelyan³ and Marina Tosalakyan²

Open Access

Address: ¹Maruke Yeghiyan, Department of Psychiatry Yerevan State Medical University, Armenia, ²Narine Israelyan Department of Psychiatry Yerevan State Medical University, Armenia and ³Marina Tosalakyan, CAMH Clinic Yerevan, Armenia

* Corresponding author

from International Society on Brain and Behaviour: 3rd International Congress on Brain and Behaviour Thessaloniki, Greece. 28 November – 2 December 2007

Published: 17 April 2008

Annals of General Psychiatry 2008, 7(Suppl 1):S307 doi:10.1186/1744-859X-7-S1-S307

This abstract is available from: http://www.annals-general-psychiatry.com/content/7/S1/S307 © 2008 Yeghiyan et al.; licensee BioMed Central Ltd.

Background

OCD with an onset in childhood or early adolescents is usually presented as a specific subtype, with more boys affected and frequently co-morbid with tics and Tourette's syndrome [1]. Our observation in clinical practice indicates that during the pharmacotherapy the OCD and Tourette's syndromes shift continuously. As a result for successful treatment medication should be changed from SSRIs to antipsychotic with dopaminolitic properties or a combination of both is needed.

Materials and methods

In open studies we conducted an 8-week trial of 14 adolescents (12-15 year old, 9 male and 5 female) with comorbid OCD and Tourette's syndrome. All patients had been pretreated for several years with a number of psychotropic medications including haloperidole, sulpiride, sertraline, fluvoxamine and clomipramine. Before starting the study all patients passed a 2-week drug washout period. All patients were diagnosed according to DSM-4 criteria of OCD and ICD -10 criteria of tic disorders. Also patients held CY-BOCS and Zung tests for depression and CGI-TS-S. Dosage range of Geodon was from 20 to 80-140 mg./day depending on the effectiveness.

Results

Despite the fact that the treatment began with 20 mg of ziprasidon, no patient showed improvement, and even 40 mg of Geodon did not help. In 6 patients we observed improvement of OCD syndrome (CY-BOCS scores 28 % mean degrease from baseline) with a dosage between 60-

80 mg (60 + 20 mg capsule in bed time). Among 9 adolescents we observed much improvement of both symptoms after 4 week treatment with a dosage from 80 to 120-140 mg. (CGI -TS Severity baseline 4,5 +- 0,6 endpoint 2,6 +-1,2)

Conclusions

Taking into consideration the fact that co-morbid OCD and Tourette's syndrome are treated successfully by medications with different mechanisms of neuronal action, the studies of athipical antipsychotics with both dopamine and serotonine properties are promising. Consequently, the atypical antipsychotic with dopamine and serotonin properties possibly can be the most useful medication. However, a new control study with a larger target group is needed.

References

- Thomsen PH, Leckman J: Obsessive-compulsive disorders in children Subtypes of OCD and their relation to infection with group A streptococci. Ugeskr Laeger 2002, 164(32):3763-7.
- Yeghiyan Maruke, et al.: Tourette's spectrum disorders among adolescents and efficiency of combo therapy with Risperidon and Fluvoxamine. Association of European Psychiatrists Congress 2004:149-239.
- 3. Floid R, et al.: Ziprazidone treatment of Children and Adolescents with Turette's syndrome; A pilot Study. Journal Amer. Acad. Child & Adol. Psych 2000, **39(3):**292-299.