

Poster presentation

Psychosis in a multiple sclerosis patient and antipsychotic treatment

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Background

Multiple sclerosis (MS) is a central nervous system demyelinating disease usually diagnosed on the basis of typical neurological symptoms and signs, clinical course, and laboratory and neuroradiological findings. Psychiatric symptoms and disorders frequently co-occur in MS.

Materials and methods

We examined the evidence of correlation between relapses of the comorbid psychosis in a multiple sclerosis (MS) patient and progression of the disease. This case report also deals with the antipsychotic treatment and his necessary modifications.

Results

We present a case of a 35 years old male affected by multiple sclerosis in the last 6 years under treatment with interferons. One year after the diagnosis of the demyelinating disease, the patient developed psychiatric manifestations and he referred to a psychiatric clinic where was formulated the diagnosis of psychosis. There was no family or personal history of psychiatric disease or psychotropic medication/substance use. The patient initially has been treated with risperidone and with an exception of a relapse, because of non-compliance, has been almost stable for about 5 years. At the age of 35 years he has been recovered to our clinic due to a severe exacerbation of the psychosis which persistent symptoms led to a change of the antipsychotic treatment. Initially he began on

sertindole for one month with poor response. Thus he has changed treatment and the following administration of clozapine had as a result the remission of the symptoms.

Conclusions

The progression of the MS frequently comports exacerbation of the symptomatology of the comorbid psychosis. Clozapine seems to constitute a valid treatment.

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