Botulinum Toxin On Complications Of Antipsychotic Drugs

Antipsychotic drugs are the mainstay of treatment of schizophrenia and other psychotic disorders. The therapeutic efficacy of these drugs is well established. However, these drugs are associated with a wide range of side effects, including a variety of movement disorders.

The movement disorders associated with antipsychotics are disabling and distressing and result in behavioral disturbances (violence and aggression), nonadherence, and exacerbation of psychosis. Some of the motor signs may be misinterpreted as psychotic symptoms.

The bradykinesia, limb stiffness, and mask-like facies seen in Parkinsonism are a social and functional handicap. The restlessness and agitation associated with akathisia have similar effects.

Chronic akathisia. Akathisia may also be seen in those receiving maintenance antipsychotic treatment. The accompanying subjective sense of restlessness may be less intense in chronic akathisia.

Botulinum toxin (BoNT) therapy is frequently employed in the treatment of Parkinson's disease (PD) symptoms. It can effectively ameliorate the symptoms of cervical dystonia, blepharospasm, sialorrhea, and hyperactive bladder. It is increasingly being used for additional PD-related indications including limb dystonia, oromandibular dystonia, tremors, constipation, dysphagia, gastroparesis, and sweating dysfunction. Botulinum toxin

treatment has mostly local side effects and does not interfere with dopaminergic therapies prescribed for PD.

spasmodic torticollis patients during antipsychotic medication, the complication of idiopathic spasmodic torticollis, movement disorders due to mental illness, and drug dystonia.

Severe sialorrhea is a common, potentially stigmatizing and disabling side-effect of neuroleptic drugs such as clozapine. Sialorrhea also occurs in neurological disorders such as Parkinson's disease (PD). For neurological diseases, several studies have demonstrated botulinum toxin type B to be a safe and effective treatment.\

Tardive dyskinesia (TD) is a dreaded side effect of antipsychotic medication. Recently, several reports have suggested that botulinum toxin A (BTX-A) injection in affected muscles may significantly improve TD. tongue protrusion dystonia secondary to an antipsychotic medication in a young man. Several approaches including clozapine, amisulpride, aripiprazole, ziprasidone, tiapride and clonazepam failed to improve the symptoms. Injection of 50 U of BTX-A (Dysport®, Ipsen, Ettlingen, Germany) into each genioglossal muscle dramatically improved tongue protrusion within few days with a sustained effect.

Oromandibular dystonia (OMD) is a severely disabling disorder with limited available therapies. • We advocate the use of botulinum neurotoxin injection (BoNT) injection as an effective treatment for OMD. • Muscle targeting through proper clinical

examination and identification of dystonic muscles should always be done. Use of instrument-guided techniques can optimize toxin delivery during injections and perhaps further improve outcome.

Oromandibular dystonia (OMD) is a severely disabling disorder with limited available therapies. Current oral medications for OMD are ineffective and may pose further risks of aspiration particularly in combination states of jaw and tongue dystonia.

the use of Botulinum neurotoxin (BoNT) injection with proper muscle site selection and dosing as the most effective treatment in OMD clinically.

Neuroleptic-Induced Meige's Syndrome by Botulinum Toxin Treatment

Botulinum toxin Patients suffering from facial and cervical spastic disorders benefit from toxin injections. However, its effect fades almost completely after three months. We present a case of a 23-year-old schizophrenic patient with severe neuroleptic-induced Meige's syndrome, in whom botulinum toxin treatment had a significant effect that lasted more than 15 months after the final injection of botulinum toxin, despite ongoing neuroleptic medication. Botulinum toxin is recommended as a first-line treatment for neuroleptic-induced Meige's syndrome.

Major depression is a common and serious disease that may be resistant to routine pharmacologic and psychotherapeutic treatment approaches.

botulinum toxin A treatment of glabellar frown lines in treating patients with major depression, using a small open pilot trial. psychotherapeutic treatment were evaluated with the Beck Depression Inventory II (BDI-II) before receiving botulinum toxin A to their glabellar frown lines. Two months later, all patients were re-evaluated clinically and with the BDI-II.

Ten depressed patients were treated with botulinum toxin A, and 9 of 10 patients were no longer depressed 2 months after treatment. The tenth patient had an improvement in mood.

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