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#### **Aripiprazole-induced acute dystonia and tremor**

**Aim:** Aripiprazole is a new dopaminergic agent and has been reported to be clinically useful as an antipsychotic drug with fewer extrapyramidal signs (EPS) and metabolic disturbances. There are some case reports concerning EPS which include acute dystonia, tardive dyskinesia and parkinsonism with aripiprazole. We report on our experience in treating a patient with Bipolar disorder developed acute dystonia and tremor.

**Case report:** The patient was a 53-year-old male who has been diagnosed with Bipolar disorder for 22 years and hospitalized 10 times.

He was not use antipsychotics in few months but he was in remission. Aripiprazole, 5 mg daily, was initiated for maintenance treatment. The dosage was increased to 15 mg daily five days later. The patient was reported neck and arm movements approximately six days after the initiation of aripiprazole.

He consulted with neurology and internal medicine. Standard treatment strategies for EPS were used. Initially, biperiden HCL 2 mg daily was administered orally every 12 hours, the patient's movements didn't resolved following biperiden. Biperiden was subsequently discontinued secondary to its lack of efficacy and lorazepam 1 mg daily was administered. In addition, propranolol 40 mg daily was used for preventing tremor. There was no improvement. Two weeks later, Aripiprazol was stopped and olanzapine was started. Dystonia was resolved following olanzapine, however tremor was not improved, propranolol 40 mg daily was continued.

**Conclusion:** We reported that, the possibility of developing EPS is not away even if a drug is safe, such as aripiprazole.