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SERTINDOLE IN THE TREATMENT OF TARDIVE DYSKINESIA IN A PATIENT WITH GENETICALLY ABNORMAL DOPAMINE D3 RECEPTORS

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Objective: Tardive dyskinesia (TD) is a difficult-to-treat condition. The presence of genetically abnormal D2 and D3 dopamine receptors is associated with increased like hood of TD in patients with schizophrenia. We present a case of a patient with TD and genetically abnormal dopamine D3 receptors with chronic schizophrenia, treated successfully by sertindole.

Methods: A 47-year old male with history of chronic chizophrenia was assessed clinically by means of SCID IV, PANSS and AIMS, and was genotyped for $DRD_{3ser\text{-}gly}$ and 5-HT2C receptor gene polymorphisms.

Results: The patient suffered from an exacerbation of positive and negative psychotic symptoms and TD. He was also found to be $DRD_{3ser\text{-}gly}$ heterozygous. He had been suffering from TD for two years, developed by chronic administration of haloperidole and resperidone. A trial with quetiapine failed to ameliorate his TD and psychotic symptoms, whereas a successive trial with clozapine induced life-treating hematological side effects. After the administration of sertindole (16mh/day) his psychotic and TD symptoms remitted (PANSS:29, AIMS : 0). One year later his level of improvement was wholly preserved.

Conclusion: Sertindole might be beneficial for the treatment of TD in patients who have genetically abnormal D3 receptors.

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