

## **P-484 - THE INFLUENCE OF DEPOT ANTIPSYCHOTIC TREATMENT ON THE OCCURRENCE OF MB. PARKINSONI CAUSED BY MEDICAMENTS- CASE REPORT**

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**Introduction:** In everyday psychiatric practice it is often difficult to differentiate primary psychiatric illness of comorbid disease.

H.I., 45 years old, laborer, married, graduated on teacher Faculty. CMHC outpatients in three years of depression orally with antipsychotics, antidepressants and fluphenazine depot.

Came to the hospital treatment with the diagnosis of sch. catatonia.

Upon receipt, difficulty speaking, hypomimia, slow gait, upper limb in flexion and rigor muscle.

**Method:** Clinical examination, psychiatric interview, psychological testing, biochemical testing, radiographic testing and madopar test.

**Purpose:** Faster detection and differentiation of the existence of the clinical picture of primary disease and comorbid disease that was generated polypragmatic medication approach.

**Results of the work:** The rapid differentiation of established diagnosis of primary and secondary neurologic disease. Body symptoms be reduced only after a month of treatment with symptomatic infusion and sedative. benzodiazepine 15 mg pro die. It was madopar test despite clinical neurologists and psychiatrists dilemma contributed fully that this symptom was not about schizophrenia but about medication parkinsonism caused by various sort of therapy.

**Conclusion:** Side effects of depot antipsychotic therapy and pharmacotherapy lead to parkinsonism medication which is wrongly recognized as depression and, unfortunately, later as an outpatient during the catatonia of schizophrenia.

Include depot therapy with extreme caution, only in cases where the pre-clinical detail, examined the patient, especially when there is any organic changes in the brain or suspicion of intellectual inferiority.