

RESTLESS LEGS SYNDROME INDUCED BY THE COMBINED USE OF QUETIAPINE AND VENLAFAXINE

I. Michopoulos¹, R. Gournellis¹, P. Ferentinos¹, A. Douzenis¹, D. Tsaklakidou¹, A. Kaparoudaki², M. Papadopoulou³, C. Papazahos¹, I. Liappas¹

¹2nd Department of Psychiatry, Attikon Hospital, Medical School, University of Athens, ²Center of Mental Health, ³Department of Neurophysiology, Ygeias Melathron, Athens, Greece

Introduction: Restless legs syndrome (RLS) is a sensorimotor disorder characterized of an urge to move the legs during periods of rest or inactivity, such as lying or sitting.

Objectives: Drug-induced RLS, still remains an under- or misdiagnosed condition.

Aims: We present a case of a female patient, who received a combination of low dose of quetiapine in addition to venlafaxine and manifested RLS.

Methods: Our patient was admitted because of a mixed episode of bipolar II disorder. At admission she was under valproic (1.5gr/QD, plasma levels: 79mg/litre), topiramate (100mg/QD) and venlafaxine (300mg/BID). Quetiapine 150 mg/QD was started at bed time and within 48 hours the patient showed RLS. The physical, neurological and laboratory examination was normal.

Results: The tapering of venlafaxine resulted in the elimination of RLS within 48 hours. After discharge the patient remained in a normothymic state, without RLS, taking valproate 1,5gr/QD, topiramate 100mg/QD and quetiapine 150mg/QD. After 6 months, because of depression, quetiapine was reduced to 100mg/QD and venlafaxine 75mh/QD was added. The previously described RLS symptoms emerged again within 48 hours. This time the tapering of quetiapine and its substitution by olanzapine 10 mg/QD resulted in a prompt and complete elimination of RLS symptoms.

Conclusions: Neither quetiapine alone, nor venlafaxine alone induced RLS to our patient. Clinicians should not overlook the possibility a RLS to be induced by quetiapine-vanlafaxine combination. The removal of one of the two drugs might be beneficial in the RLS's successful treatment.