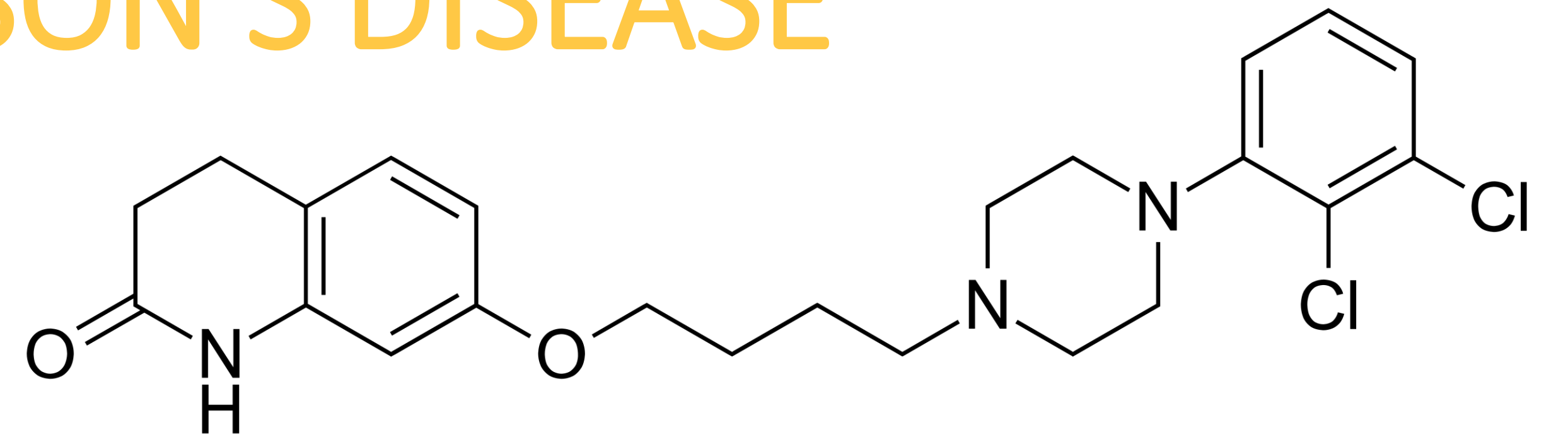


# LONG-ACTING ARIPIPRAZOLE DEPOT – A POTENTIAL SOLUTION FOR REFRACTORY PSYCHOSIS SECONDARY TO ADVANCED PARKINSON’S DISEASE

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## OBJECTIVE

To describe the use of a long-acting aripiprazole depot for the management of relapsed psychosis in a patient with advanced Parkinson’s disease.

## CLINICAL FEATURES

A 75 year old female from a residential aged care facility (RACF) was admitted with persecutory delusions, auditory and visual hallucinations; leading to reduced oral intake and increasing resistance towards care.

## PAST MEDICAL HISTORY

- Parkinson's disease – on levodopa-carbidopa-entacapone 150mg-37.5mg-200mg three times a day
- Genetic generalised epilepsy with a varying seizure semiology (has previously had generalised tonic-clonic seizures and absence seizures) – on sodium valproate 200mg in the morning and 500mg at night
- Anxiety and cognitive impairment – on oral aripiprazole 5mg twice a day (patient refusing)

## HISTORY OF PRESENTING COMPLAINT

- Presented to the emergency department from the RACF with cognitive deterioration
- Most prominent symptoms being auditory hallucinations instructing patient not to take oral medications, and worsening paranoia
- Reviewed by the Aged Psychiatry Assessment and Treating Team and admitted on an assessment order due to a relapse of psychosis in the context of medication non-compliance



## LITERATURE REVIEW

- Psychotic symptoms can manifest in up to 40% of patients with Parkinson's disease<sup>1</sup>, especially in correlation to high dose dopamine agonists
- Available literature on the use of antipsychotics is limited with inconsistent conclusions due to their propensity to augment motor function
- A number of randomized placebo controlled trials favour the use of clozapine<sup>2</sup>
- Limited case reports mention the use of long-acting depot antipsychotics

## PHARMACIST INTERVENTIONS

- The mental health pharmacist reviewed the case and the available options<sup>2</sup>:
  - Quetiapine and olanzapine – previously trialed and deemed inadequate in regulating psychosis
  - Clozapine – inappropriate due to monitoring and compliance requirements
  - Lurasidone and ziprasidone – only oral available, patient likely to be non-compliant
- The pharmacist conducted a literature review and suggested that a depot might mitigate adherence issues

## CASE PROGRESS

- Aripiprazole 400mg four-weekly depot was commenced – an authority prescription was obtained from the PBS special access scheme committee
- Oral aripiprazole was changed to 10mg in the morning and concealed in the patient’s food (as per enduring power of attorney wishes); continuing for 14 days
- Compulsory treatment order was revoked after the initial depot was given and patient was discharged back to the RACF

## OUTCOMES

- Followed up by Eastern Health Aged Persons Mental Health Services one week after commencing the aripiprazole depot
- Mental state had improved with diminished paranoia towards staff
- No deterioration in movement or cognitive function

## DISCUSSION

Despite the common manifestation of hallucinations or delusions in Parkinson’s disease patients, their management continues to propose a challenge.

Although further studies are required, a long-acting aripiprazole depot may present as a suitable option in select patient cohorts.

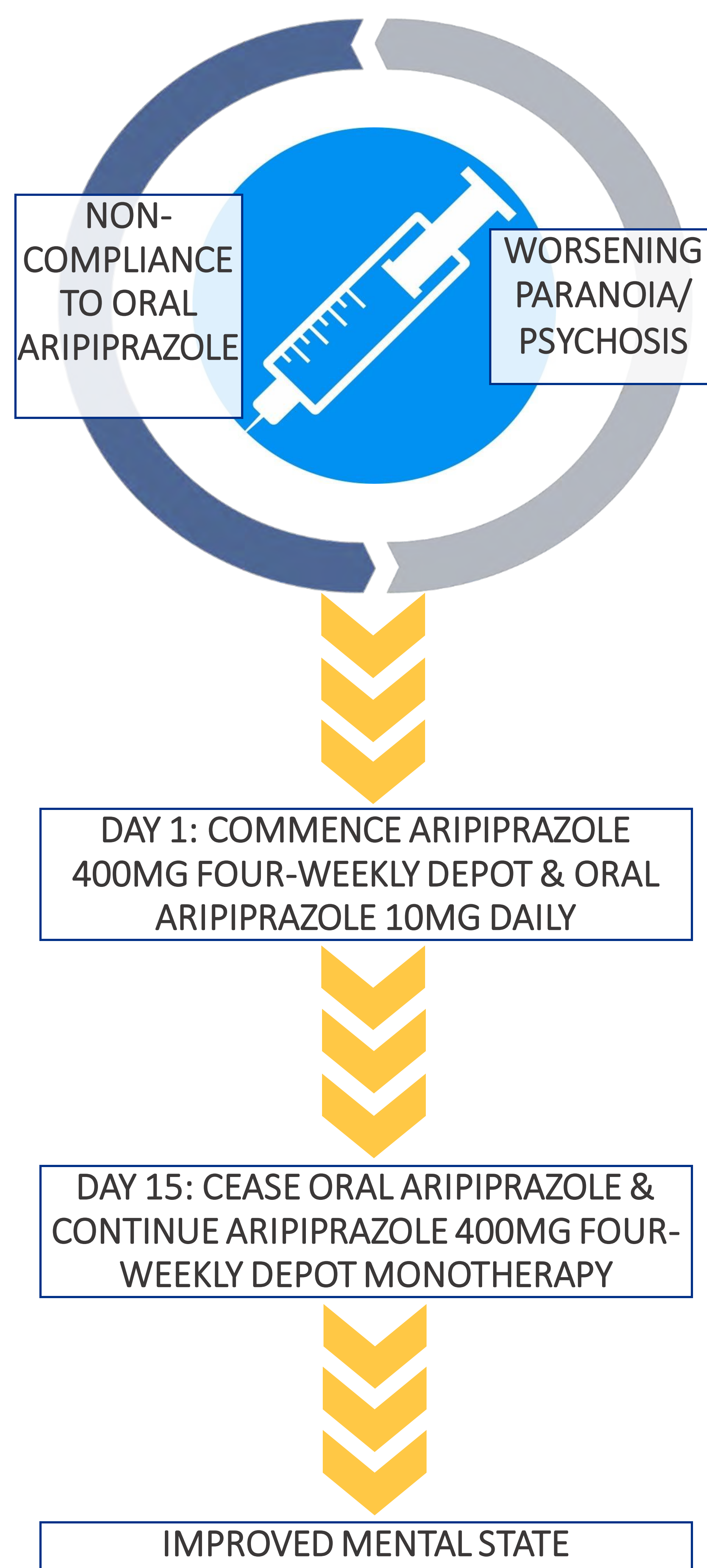


Figure 1: Medication issues and treatment plan

## References:

1. Jethwa KD, Onalaja OA. Antipsychotics for the management of psychosis in Parkinson's disease: Systematic review and meta-analysis. *BJPsych Open*. 2015;1(1):27-33.
2. Divac N, Stojanović R, Savić Vujović K, Medić B, Damjanović A, Prostran M. The Efficacy and Safety of Antipsychotic Medications in the Treatment of Psychosis in Patients with Parkinson's Disease. *Behavioural Neurology*. 2016,4938154.