Sertraline Induced Dystonia - A Case Report

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Abstract: ***This case report discusses a 21-year-old male who developed dystonia following the administration of sertraline, a selective serotonin reuptake inhibitor SSRI. The patient experienced unilateral neck muscle stiffness, which subsided upon discontinuation of sertraline and reoccurred upon re-administration. The case highlights the importance of recognizing SSRI-induced extrapyramidal symptoms, which are less commonly known but significant for effective patient management.***

Keywords: Sertraline, Dystonia, SSRI, Extrapyramidal Symptoms, Case Report

1. Introduction

The selective serotonin reuptake inhibitors (SSRIs) are used routinely as first-line agents because of their tolerability, efficacy, and safety [1,2,3,4]. The common side effects—nausea, hyperarousal, and sexual dysfunction—are well known and familiar to general practitioners, but the extrapyramidal reactions associated with the SSRIs are less well known [2]. Here we report a case who had dystonia due to sertraline. The purpose of this article is to report a case of sertraline-induced dystonia and to highlight the importance of recognizing extrapyramidal symptoms associated with SSRI use.

2. Case Report

Mr. S, a 21-year-old male, presented to the clinic with a sad mood, panic attacks, and excessive anxiety with insomnia. The complaints had been present for the past 2 years, with irregular medications for the same. The recent exacerbation occurred over the past 2 weeks following a stressor at the workplace. His neurological examination was unremarkable and had no other medical or surgical co morbidities. He was prescribed initially with 50mg sertraline at night and propranolol 20 mg in the morning with clonazepam 0.5mg at night. Two days following this, he started complaining of unilateral stiffening of neck muscles on the left side with pain. Due to distressing nature of the problem he stopped sertraline on his own and continued the rest. Following this, patient reported that the symptoms stopped and the patient tried to start the medication 5 days later and again reported the same symptoms and again stopped thereafter. He presented to us 3 days following this with mild reduction in anxiety. He was started on Escitalopram 10 mg and increased to 20 mg over 3 weeks. The anxiety symptoms reduced significantly with no such previous symptoms and he is currently maintained on the same.

3. Discussion

Here, the dystonic symptoms had a clear temporal association with sertraline as the symptoms reduced following tapering off of the agent. So a diagnosis of medication-induced movement disorder (dystonia) was made.

It is assumed that SSRI-induced extrapyramidal symptoms result from the inhibitory effect of serotonergic input to the dopaminergic pathways in the basal ganglia [5,6,7]. Theoretically, sertraline may offer a lower risk of extrapyramidal symptoms due to its dopamine reuptake inhibition, which would mitigate the effects of the serotonin. However, a review of case reports of SSRI-induced movement disorders from 1979 to 1996 found that eight of the 71 cases of extrapyramidal symptoms documented in the literature were associated with sertraline use which included neck stiffness, akathisia, and general body stiffness [8]. Along with this there also confirming and circumstantial evidences from other studies [9,10,11,12,13,14,15,16,17,].

4. Conclusion

This case report is significant as it draws attention to a rare but important side effect of sertraline, aiding in better diagnosis and management of similar cases in clinical practice. Though rare, but still side effects of comparatively safer agents like sertraline should be kept in mind for better compliance and management.

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