

Be suspicious, very suspicious: a curious case of drug induced 'seizures'



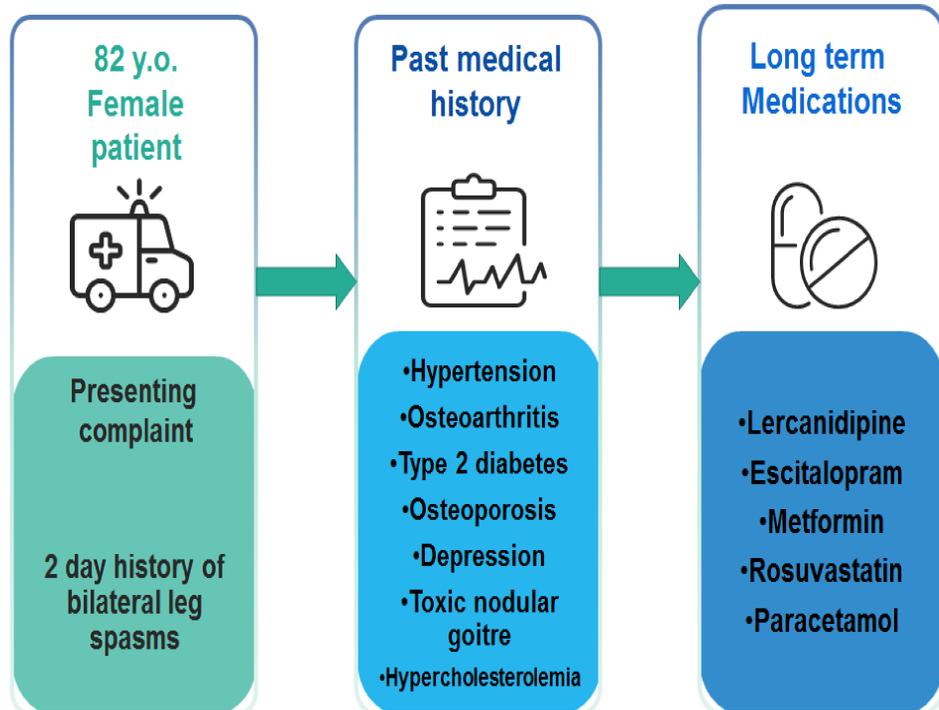
'When you have eliminated the impossible, whatever remains, however improbable, must be the truth?' -Sir Arthur Conan Doyle

AUTHORED BY: Gauri Godbole, Team Leader Pharmacist, Aged Care and Mental Health Team, Gosford Hospital, NSW Health

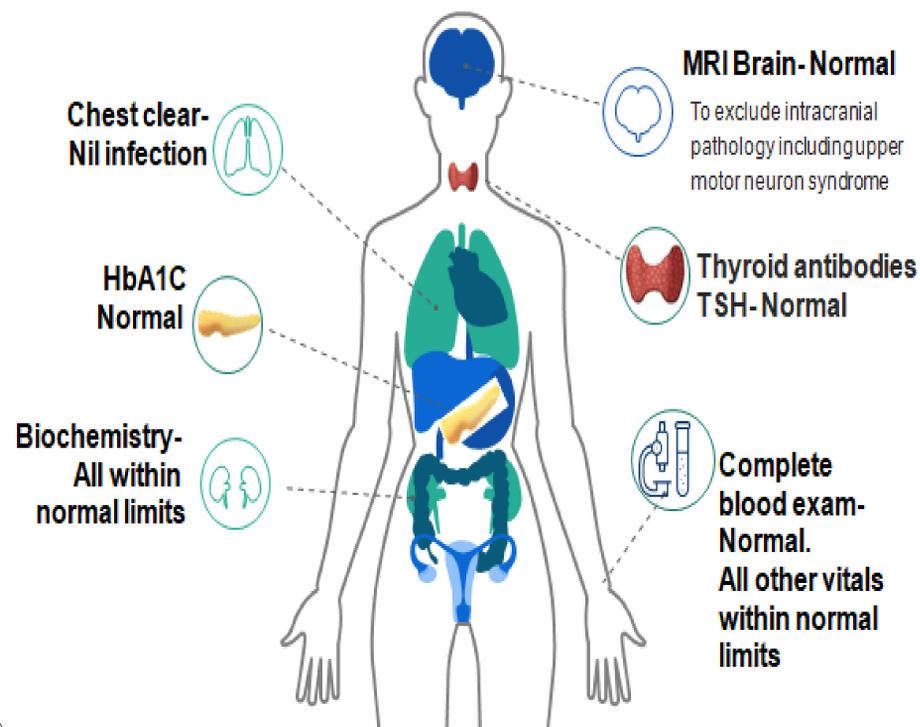
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Aim : To describe a likely drug induced myoclonus undetected electrographically

Hospital Admission **December 2018**



Examination and Tests



Pharmacist medication history taken- some more information uncovered

A thorough medication history gathered by the pharmacist revealed that the only 'new' medications initiated were donepezil 5mg nocte and pregabalin 75mg BD in August 2018 (4 months prior to the admission). Patient also mentioned that there has been no improvement in pain since pregabalin was initiated (was started for osteoarthritis related pain). Pharmacist discussed with the team a possible causal relationship with presenting complaint, although timeline of drug initiation did not support it.

Can Donepezil and Pregabalin cause seizures?

Acetylcholinesterases can commonly cause (>1%) muscle cramps and infrequently indicated to precipitate seizures. Pregabalin can infrequently cause muscle cramps (0.1%-1%)^{1,2}. A neurology consult and an Electroencephalogram (EEG) was recommended.

So what did we do?- we rationalised the medications!

EEG failed to show any seizure like activity. However, high starting dose of pregabalin was noted. Dose was reduced from 75mg BD to 25mg BD and then ceased. This did not change the seizure like lower limb jerks. Fifth day into the admission, donepezil was ceased.

Final diagnosis and progress

There was a noticeable reduction in the limb jerks on the tenth day in the admission and patient was discharged on day eleven. Lower limb jerks did not correlate electrographically, thus a possible psychogenic aetiology was hypothesised. Although EEG did not show any seizure activity, a possible drug cause was not disregarded.

TAKE HOME MESSAGES

Elderly patients may present with non-conventional symptoms/side effects



Consider a rare correlation, do not rule out a possible drug cause



Geriatric medicine prescribing mantra: start low, go slow!



Put your inner Sherlock to work: Be suspicious, very suspicious!

