Scripta Scientifica Medica, vol.28, Suppl.1,pp.239-240

USE OF CALCIUM ANTAGONISTS IN PSYCHIATRY

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It is known that Ca-entry blockers influence Ca influx, particularly via the L-type channels into variety of cells. In the CNS this results in blockade of neuronal hyperexcitation. There is evidence that dihydropyridines influence the catecholamine neurotransmission (1). Flunarizine acts not only as antagonist of vasoconstrictors but as antagonist of histamine and prostaglandins, substances participating in the development of the pain syndrome. That's why some authors (2) use it for prophylaxis and treatment of migraine. It is suggested that a dysregulation of the Ca homeostasis in neurons plays a role in the aging process of the brain. So, Ca blockers are expected to improve some behavioral aspects of senile dementia and other disorders related to old age. Cacium antagonists have shown efficacy in various psychiatric disorders (3-5). We report herein our experience about treatment of psychiartic patients with DNP Ca antagonist nifedipine.

One of serious therapeutic probiems in psychiatry is connected with tardive dyskinesia. Numerous drugs that have been applied do not often lead to the needed therapeutic effect. In an open study we have followed-up the efficacy of nifedipine in tardive dyskinesia.

Fifteen psychiatric patients of female sex (mean age of 68,3) were included in the study. Tardive dyskinesia had developed during continuous neuroleptic use over several years and consisted of buccolabial - masticatory - (12 patients) or limb movements - (3 patients). They were treated for 4-8 weeks with nifedipine (daily dosage of 30-60 mg) and benzodiazepines (30 mg). The clinical method was used for evaluating the efficacy of the treatment. The study ended with thirteen patients. No change was found in 4 patients (30,8%). Orofacial movements reducing was observed in 7 patients (53,8%). Two patients (15,4%) (with schizophrenia and limb movements) achieved significant therapeutic effect. In 4 patients with schizophrenia there was marked improvement in alertness and sociability (30,74%). The results obtained from this investigation confirm for the important role of Ca biockers in the treatment, especially of geriatric patients suffering from combined hypertension and T. D.

Alcohol withdrawal syndrome (AWS) is a serious somatic and therapeutic problem. AWS has been mostly aspecifically treated until

now, e. g. with benzodiazepines which reduce brain hyperexcitability. Therapy with Ca-antagonists could be suggested considering pharmacological evidences, linking AWS to alterations in Ca sensitivity in the brain (6). Sixty hospitalized alcoholics of male sex were included in the study. Diagnosis of AWS was made according to the DSM-III. Patients were divided in two groups - basic and control. Patients from basic group were treated with glucose , vitamins, antibiotics, 30 - 60 mg of Diazepam and 40 - 60 mg of nifedipine. The therapeutic scheme of the control group was the same but nifedipine was missed. Evaluation of AWS symptoms was performed at baseline and after 3, 5, 7, 10, 14 and 21 days. A list of 13 symptoms was used to assess the incidence and the severity of AWS. We checked the period for suppressing the symptoms of AWS. Significant improvement of AWS was seen at evaluation on day 3, particularly in neurovegetative symptoms and lasted up to the end of the study. The treatment was well tolerated and no side effects were observed.

Our results confirm these of other clinical ivestigations for the appropriate use of Ca antagonists in the treatment of AWS. We would like to propose their combined application with prevailing of benzodiazipines when psychopathological symptoms are dominant and in opposite correlation when somatovegetative symptoms are more expressed.

In conciusion we would like to emphasize that Ca blockers with their versatile action and insignificant side effects enrich our therapeutic possibilities in various psychiatric disorders.

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