

## Commentary: Low-Dose Risperidone-Induced Oculogyric Crises in an Adolescent Male with Autism, Tourette's and Developmental Delay

**D**r.s Masliyah and Ad-Dab'bagh have provided an excellent review of the potential risks of some of the extrapyramidal signs and symptoms (EPS) for patients on atypical antipsychotics. It is always appropriate to have reminders of the serious risks of these medications, especially in vulnerable sub-populations, such as children and adolescents with intellectual disabilities.

Intellectually disabled individuals have historically had high rates of institutionalization and corresponding rates of antipsychotic use. The resulting high prevalence of EPS and tardive dyskinesia (TD) seen clinically on traditional antipsychotics had thankfully not persisted, likely as a result of the shift to newer antipsychotics. However, this may lead to neglecting to watch for signs of these side effects.

From prescribing physicians to families and frontline caregivers, ongoing education and reminders about the potentials for EPS and TD is necessary. The early impression that the atypical antipsychotics had little or no risk for these adverse effects has been disputed, and as was discussed in this case review, vigilance for and treatment of these effects is needed.

As frontline clinicians, our responsibility to educate frontline caregivers and families, as to the potential signs in intellectually disabled children, adolescents and adults is especially important. This population is less able to communicate their symptoms of distress. Diagnostic overshadowing potentially leads to misdiagnosis of EPS and TD by clinicians less familiar with these signs, and may lead to inappropriate treatment. A recent example was of a patient demonstrating EPS, misdiagnosed as worsening agitation, leading to an increase of the atypical antipsychotic.

This review highlights the clinical complexity of some patients presenting with intellectual disability and/or autism. The need for further double blind studies of antipsychotics in the sub-population, the complex interplay of various disorders such as the self injurious behaviour and Tourette syndrome in this case, and the difficulty in treating multiple symptoms was well presented.

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