

Akathisia

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"Akathisia is a neuropsychiatric syndrome and movement disorder that makes it difficult to sit or remain still due to an inner restlessness."



Overview

→ Presentation of Akathisia



→ What Causes Akathisia?



→ Risks Associated w/
Akathisia



→ Managing Akathisia



→ Differential Diagnoses



Presentation of Akathisia

→ Manifestation

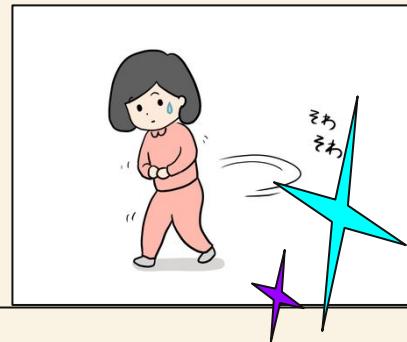
- ◆ Legs most commonly affected
 - Repetitive Crossing & Uncrossing
 - Swinging, Shifting, Rocking, Pacing

→ Barnes Akathisia rating scale (BARS)

- ◆ Total score of 0-9: Objective, Subjective Awareness, Subjective Distress
- ◆ + Global Clinical Assessment (0-5)

→ Types

- ◆ Medication-induced acute: Setting of medication start, titration or taper
- ◆ Tardive: Late presentation, context of long-term medication (may not improve w/ dc)
- ◆ Chronic: Persistence of symptoms, more objective with waning subjective awareness
- ◆ Withdrawal: Setting of medication withdrawal

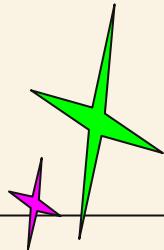


What Causes Akathisia?

- Associated with psychotropic medication, especially antipsychotics
 - ◆ Most commonly first-gen
 - ◆ Commonly high-potency and / or high-dose
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- Other known causes:
 - ◆ Drug withdrawal: physical dependence forming drugs, including benzodiazepines
 - ◆ Occurs (rarely) with antidepressant agents
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- Working Theory: "Imbalance of dopamine and acetylcholine in the nigrostriatal pathway of the brain"

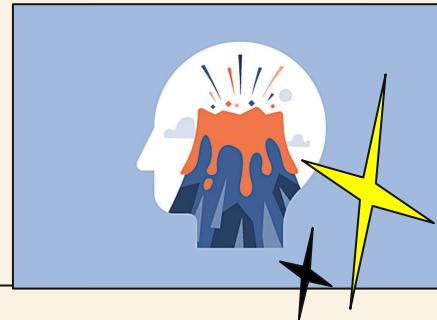


Risks Associated w/ Akathisia

- Severe Anxiety & Dysphoria
 - ◆ Despair, Agitation, Intense Panic
 - ◆ Want to “peel off their own skin”

→ Suicidal Ideation

- ◆ Medical EMERGENCY
 - If you, your family member or friend are experiencing severe akathisia (with or without suicidal ideation), please seek immediate medical attention!



Managing Akathisia

- First step is recognizing it!
 - Reduce dose of offending agent or switch to alternative
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- Beta-blockers (e.g. propranolol) or benzodiazepines (e.g. clonazepam)
 - Low-dose mirtazapine found to be effective
 - ◆ Use with caution: high-dose may exacerbate
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-Vitamin B6: Unverified Efficacy

-Beta-Blocker risk: bradycardia and hypotension

-Anticholinergic adjuvant (e.g. benztropine) if concomitant pseudoparkinsonism



Differential Diagnoses

→ Akathisia often Underdiagnosed / Unrecognized

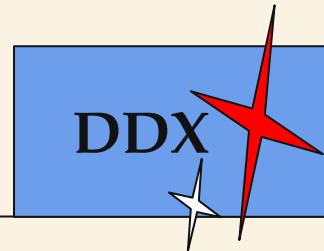
◆ Symptoms can mimic other disorders

- Psychosis
 - Mania
 - ADHD
 - Agitated Depression
 - Restless Leg Syndrome
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→ Highly Important to consider Akathisia given context of antipsychotic history

- ◆ Mitigate associated risks
 - ◆ Pursue optimal treatment
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-Akathisia does not generally respond to anticholinergic agents, suggesting an alternative pathophysiology to other EPS



Works Cited

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