

A case of remission of childhood-onset fluency by paroxetine *

Toshimi Takami **

key words;

childhood-onset fluency disorder, paroxetine, Selective Serotonin Reuptake Inhibitors

[Case]

Male, 20 years old (right-handed)

Family history; nothing to note, no genetic predisposition

Medical history; nothing special to note

When I was about 4 or 5 years old, I was aware of childhood onset fluency. He was treated by a speech therapist in elementary school, but was discontinued after one year with no effect.

Personality is serious, honest and friendly. It is a character that is liked by people.

He was a medium-thick man and did not perform very well in school. He was suffering from childhood-onset fluency during elementary school and junior high school. After graduating from high school, a local parent found a job at a small car repair shop, which was a distant relative. I've been working for two years without any problems (no "bullying" due to small repair shop).

At the age of 20, he visited the hospital after seeing a statement on the Internet that childhood-onset fluency was cured by SSRI (selective serotonin reuptake inhibitor). Start with Escitalopram 10mg / day. This dose was taken for one month and the symptoms were slightly reduced, but the case was changed to sertraline 3,5) in hope of a more effective drug. However, sertraline did not work at all, and there was a tendency to worsen. Drug modified to paroxetine. This has been effective, and the disease has continued to be milder and can be said to be in remission.

Because she tends to relapse when she stops taking the drug, she continues to take 10 mg / day (currently about 1 year and 8 months after the first dose). Now he is so mild that he cannot feel any fluency at all.

[Discussion]

Childhood-onset fluency most often develops between the ages of 2 and 7 years, and about 75% of childhood-onset fluency that develops between the ages of 2 and 7 will heal spontaneously by puberty without any treatment. It is said that there is no ethnic or regional difference in the world, and about 1% of adults are affected. There are many documents that have a ratio of 3: 1 for males and females.

Childhood-onset fluency has been actively studied and treated as a serious disease in Europe and the United States for a long time, and drug treatment has been actively carried out.

Nowadays, brain surgery is also actively conducted based on the opinion that the lesion is in the basal ganglia.

Treatment of childhood-onset fluency is often effective in childhood and mild cases, but treatment with speech therapists becomes less effective with age.

Childhood-onset fluency is highly hereditary, and if a parent has childhood-onset fluency, the likelihood of a child having childhood-onset fluency is three times higher than in general (6).

Recently, many cases in the family have been found around the world, and the locus has been determined. However, it often occurs even after extremely severe head bruising or cerebral infarction. There is no shaking.

In Japan, stuttering has long been recognized as having a bad habit or a bad habit established, but in the United States and Europe, childhood-onset fluency has been regarded as an important disease, and active treatment such as drug therapy has been actively conducted. There are various findings.

There are many reports that SSRIs (selective serotonin reuptake inhibitors) responded to childhood-onset fluency, and there are many reports that paroxetine ameliorated childhood-onset fluency (2,4,9). (4) It is considered that SSRIs (selective serotonin reuptake inhibitors) are effective in many childhood-onset fluency disorders. Its mechanism of action is presumed to semipermanently correct any dysfunction of the basal ganglia, but has not been clarified (2). The effect is almost permanent if taken for long periods of time, over several years. This is presumed to be due to degeneration of nerve cells or denaturation of the nerve junction.

---- This is a presentation in accordance with research and research ethical principles ----

- 1) Amardeep K., Sabish B .: Fluoxetine for Persistent Developmental Stuttering. *Clinical Neuropharmacology* 30(1):58-59, 2007
- 2) Boldrini M, Rossi M, Placidi GF .: Paroxetine efficacy in stuttering treatment. *Int J Neuropsychopharmacol* 6(3) : 311-312, 2003
- 3) Brewerton TD, Markowitz JS, Keller SG. : Stuttering with sertraline. *J Clin Psychiatry* 57(2) : 90-91, 1996
- 4) Busan P, Battaglini PP., Borelli M et al : Investigating the efficacy of paroxetine in developmental stuttering. *Clin Neuropharmacol* 32(4) : 183-188, 2009
- 5) Christensen RC, Byerly MJ, McElroy RA .: A case of sertraline-induced stuttering. *J Clin Psychopharmacol* 16(1) : 92-93, 1996
- 6) Costa D, Kroll R : Sertraline in stuttering. *J Clin Psychopharmacol* 15: 443-444, 1995
- 7) Kumar A, Balan S .: Fluoxetine for persistent developmental stuttering. *Clin Neuropharmacol* 30 : 58-59, 2007
- 8) McCall WV .: Sertraline-induced stuttering. *J Clin Psychiatry* 55(7):316,1994
- 9) Murray MG, Newman RM . : Paroxetine for treatment of obsessive-compulsive disorder and comorbid stuttering. *Am J Psychiatry* 7 : 1037, 1997

2020/03/17 17:24

