Short Report

A Case of Remission of Childhood Onset Fluency Disorder by Paroxetine

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Abstract
We report a case of mild remission of childhood-onset fluency disorder with paroxetine. The patient is a 28-year-old male. His parents had been aware of his childhood-onset fluency disorder since he could remember. He came to our clinic. Medication was started. He started with paroxetine, which was effective. The patient's long-standing childhood-onset fluency disorder became milder and went into remission. After 3 years of continued medication, he stopped taking the drug. More than five years have passed since then, and the patient continues to be in remission. Numerous publications in the U.S. and Europe suggest that paroxetine is a drug that is effective in the treatment of childhood-onset fluency disorder.

key words
childhood-onset fluency disorder
Selective Serotonin Reuptake Inhibitors
paroxetine paroxetine

Introduction

Childhood-onset fluency disorder has long been considered an important disorder in Europe and the United States, where research and treatment have been very active. In Japan, however, it has long been considered a bad habit or an established bad habit.

The case is a 20-year-old male at the time of initial examination. When he was in the early grades of elementary school, his parents were concerned and had him receive treatment from a speech therapist, but it was ineffective and ended after one year. As described above, the treatment of childhood-onset fluency disorder is difficult.

In Europe and the United States, drug therapy is the first choice.

Cases

Case〕28-year-old, male (right-handed)
Family history: none of note, no genetic predisposition.
Medical history: none of note.

Childhood-onset fluency disorder was noticed around age 4 or 5. He received treatment from a speech therapist after entering elementary school, but it was ineffective and stopped after one year.

His personality is serious, honest, and friendly. He is well-liked by others.

He has a medium build and medium height, and his school performance was not good. From elementary school to high school, he was tormented because of his childhood-onset fluency disorder. After graduating from high school, he got a job at a small auto repair shop in his hometown (without going through vocational training school), where he was a distant relative of his parents. (He did not go through vocational training school, but went straight to work.) For 10 years after he started working there, he had no problems at all in his work (he was not "bullied" because it was a small repair shop).

At age 20, he came to our clinic after reading on the Internet that childhood-onset fluency disorder can be treated with SSRIs (selective serotonin reuptake inhibitors). After taking this dose for one month, some mild symptoms were observed, but the patient wanted a better drug and switched to sertraline. However, the sertraline did not work at all, and there was a trend toward worsening, so the medication was discontinued after one month and the patient was switched to paroxetine. This worked (he said he became aware that it was working well after 3 or 4 days), and the disease continued to get milder, to the point where he could say that he was in remission.

He continued to take 10 mg/day for about 3 years (it has now been about 5 years since the medication was discontinued), fearing that it would be a substitute for sleeping pills and that he would have a relapse. The fluency disorder has become so mild that the patient does not feel any fluency disorder at all, and it can be said that the patient is in complete remission.

Considerations

Childhood-onset fluency disorder has long been studied and treated as a serious disease in Europe and the United States, and drug therapy has been and continues to be widely used.

Most childhood-onset fluency disorders develop between the ages of 2 and 7 years, and about 75% of childhood-onset fluency disorders that develop between the ages of 2 and 7 years resolve spontaneously by puberty without any treatment. Childhood-onset fluency disorders that occur between 2 and 7 years of age heal spontaneously by puberty without any treatment. It is ubiquitous throughout the world without racial or regional differences, and affects about 1% of adults. It is more common in males, with a male-to-female ratio of 4:1 in most literature1).

Treatment of childhood-onset fluency disorder is often successful with a speech therapist if the disease is mild in childhood, but as the patient gets older, the speech therapist's treatment becomes less effective. It is no exaggeration to say that it does not work at all after middle school.

Childhood-onset fluency disorder is highly heritable; if a parent has childhood-onset fluency disorder, the probability of the child having childhood-onset fluency disorder is three times higher than in the general population1).

1) Recently, a number of cases have been found in families worldwide, and the gene loci have been determined, but the opinion that it is a syndrome caused by a variety of factors remains unshaken, as it often occurs after extremely severe head injury or cerebral infarction1).

1) Nowadays, based on the opinion that the lesions are located in the basal ganglia, neurosurgery is widely performed, especially in the U.S. 2).

2) In Japan, childhood-onset fluency disorder has long been considered a bad habit or an established bad habit, but in Europe and the United States, childhood-onset fluency disorder has long been considered an important disorder, and aggressive treatment, including pharmacotherapy, has been actively pursued, with various findings.

There are many reports that SSRIs (selective serotonin reuptake inhibitors) aggravate childhood-onset fluency disorder3-6) and improve it7-13), with many reports that paroxetine improves childhood-onset fluency disorder10-13).

Many reports have shown that selective serotonin reuptake inhibitors such as paroxetine improve childhood-onset fluency disorders.10-13) Thus, selective serotonin reuptake inhibitors such as paroxetine are effective in many cases. The mechanism of action is speculated to correct some functional abnormality in the basal ganglia, but this has not been clarified. The effect is limited to the time the drug is taken and relapse occurs when the drug is discontinued.

There are no reports of paroxetine improving childhood-onset fluency disorder, except for a double-blind, 10-patient study that demonstrated paroxetine improves childhood-onset fluency disorder. This may be because the efficacy of paroxetine in childhood-onset fluency disorder has been established.

Currently in Japan, many patients with childhood-onset fluency disorders of moderate severity or higher are refusing to go to school or are withdrawn from school. For a long time, school teachers have had no understanding of childhood-onset fluency disorder and have forced patients with this disorder to read Japanese language books and other materials. If a patient with a Childhood Onset Fluency Disorder has a moderate level of fluency, it is extremely difficult for him or her to read a Japanese book.

Many patients with childhood onset fluency disorder find it far more painful to read Japanese books in class than to be bullied by their classmates, and they refuse to go to school and become shut-in.

They have never received a response to their letters to the school board.

-------The patient's consent has been obtained for this submission: -----

COI : No COI to disclose

短報

Paroxetine により小児期発症流暢障害が寛解した１例*

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抄録

Paroxetine により小児期発症流暢障害が軽症化した症例を経験した。症例は２８歳、男性。物心ついたときから小児期発症流暢障害を両親から気付かれていた。当院来院。薬物療法を開始。始めこそ一進一退であったが、paroxetine が奏効。長年の症例の小児期発症流暢障害は軽症化して行き寛解状態となる。それからも３年間投薬を続けたのち投薬を中止する。それから５年余りが経過しているが寛解状態を続けている。欧米の幾多の論文から paroxetine は小児期発症流暢障害に奏効する薬物であることは察しが付く。

key words

小児期発症流暢障害 childhood-onset fluency disorder
選択的セロトニン再取り込み阻害薬 Selective Serotonin Reuptake Inhibitors
パロキセチン paroxetine

はじめに

小児期発症流暢障害は欧米では昔から重要な疾患とされ、研究・治療が非常に盛んであった。しかし、本邦では悪い癖あるいは悪い癖が定着したものと考えられる時代が長く続いている。

症例は初診時２０歳、男性。小学生低学年時、親が心配して言語療法士の治療を受けさせたが、効果なく、１年で終了。このように小児期発症流暢障害の治療は難渋している。

欧米では薬物療法が第一選択となっている。

症例

〔症例〕２８歳、男性（右利き）
家族歴；特記すべき事なし、遺伝的素因はない
既往歴；特記すべき事なし

４、５歳頃には小児期発症流暢障害に気付かれていた。言語療法士の治療を小学校入学後に受けたが、効果が無く１年で中止する。

性格は真面目で素直、人懐っこい。人から好かれる性格である。

中肉中背であり、学校の成績は余り芳しくなく、小学生から高校生時まで、小児期発症流暢障害故の“苛め”を受けていた。高校卒業後、地元の親が親しい遠い親戚に当たる小さな自動車修理工場に就職（職業訓練校を経ずにそのまま就職）。就職して１０年

間、全く問題なく仕事を行ってきた（小さな修理工場のため“苛め”はなし）。
２０歳時、ネットで、小児期発症流暢障害はSSRI（選択的セロトニン再取り込み阻害薬）により治るという書き込みを見て来院。Escitalopram 10mg/dayから開始。この量を１ヶ月服用し、多少の軽症化が見られたが、症例は更に良く効く薬剤を希望し、sertraline に変薬。しかし、sertralineは全く効かず、悪化の傾向も見られたため１ヶ月で投薬中止。paroxetineに変薬。これが奏効し（3，4日で良く効いていることが自覚できたと言う）、軽症化を続け寛解と言って良いほどになる。
これからも睡眠薬代わりに成ると言うことと再燃を恐れ10mg/日の服用を３年間ほど続けた（現在、投薬中止より約５年経過）。流暢障害を全く感じることが出来ないほど軽症化しており、完全寛解と言って良い。

考察

小児期発症流暢障害は欧米では古くから重大な疾患として研究・治療が盛んに行われ、薬物治療も盛んに行われ、現在も薬物治療は盛んに行われている。
小児期発症流暢障害はほとんどが２～７歳で発現し、２～７歳発現の小児期発症流暢障害は７５％程が何の治療を行わなくても思春期までに自然治癒してゆく。世界中に人種差、地域差なく遍満しており成人の１％程が罹患しているとされる。男性に多く男女比は４：１としている文献が多い1)。
小児期発症流暢障害の治療法は小児期かつ軽症ならば言語療法士による治療が奏効することが多いが、年齢が上がるにつれ言語療法士による治療は効かなくなる。中学生以降には全く効かないと言って過言ではない。
小児期発症流暢障害は遺伝性が高く、親が小児期発症流暢障害であれば子供が小児期発症流暢障害となる確率は一般の３倍になる1)。
最近、家系内多発例が世界中で幾多、見付かり、遺伝子座も決定されたが、極めて激しい頭部打撲後・脳梗塞後にも起こることが多く、様々な原因により発症する一つの症候群という意見は揺るがない1)。
今では大脳基底核部の病変との意見に基づいて特にアメリカでは脳外科手術も盛んに行われている2)。
以前より本邦では小児期発症流暢障害は悪い癖あるいは悪い癖が定着したものという認識が強いが、欧米では従来より小児期発症流暢障害は重要な疾患とされ、薬物療法など積極的な治療が盛んに行われ、様々な知見がある。
SSRIs（選択的セロトニン再取り込み阻害薬）が小児期発症流暢障害を悪化させた3-6)、また、それを改善させたという文献は多く7-13)、中でもparoxetineにより小児期発症流暢障害が改善したという報告は多い10-13)。
このようにparoxetineなど選択的セロトニン再取り込み阻害薬が効果のある小児期発症流暢障害は多い。その作用機序は大脳基底核部の何らかの機能異常を是正するためと推測されているが、明確化されていない。効果は服用時に限られ、服用を中止すると再燃するとされる。

１０名を用いた二重盲験試験に於いて paroxetine が小児期発症流暢障害を改善することを証明した報告を最後に paroxetine が小児期発症流暢障害を改善するという報告はない。小児期発症流暢障害に paroxetine が効くことが確定された故と考えられる。

現在、本邦では、中等症以上の小児期発症流暢障害の多くが登校拒否・閉じこもりに陥っている。昔からであるが、学校の教師が小児期発症流暢障害に対し、全く理解がなく、小児期発症流暢障害の患者に国語の本などを読ませることである。小児期発症流暢障害の患者は中等症以上であれば国語の本など読むことは困難を極める。

多くの小児期発症流暢障害の患者はクラスメイトに虐められることより遙かに授業中、国語などの本を読むことが苦痛となり、登校拒否そして閉じこもりに陥っている。

教育委員会に手紙を出しても返事が来たことはない。

-------今回、投稿にあたり、患者より同意を得ている-----

COI : 開示すべき COI はない

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