Agomelatine Addressing Behavioural Facets in Autism

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To the Editor

Autism Spectrum Disorder (ASD) is usually coupled with a multitude of problem behaviours including ADHD-like symptoms (31-50%), tics (22%), mood/anxiety symptoms (30-40%) and aberrant eating/sleeping patterns [1]. These challenging behaviours are primarily a cause of referral to child psychiatrists. When psychosocial and educational interventions are inadequate, pharmacotherapy is indicated [2]. Both atypical antipsychotics, risperidone (Risperdal®) and aripiprazole (Abilify®) are currently FDA-approved to address these behavioural facets [3]. Nonetheless, these agents, along with other antipsychotics, are plagued with a myriad of adverse drug reactions, notably, the neurologic and cardio-metabolic syndromes [4]. This amply illustrates a pressing need to explore alternative agents that are both effective and tolerable. Here we are reporting a case of ASD where the atypical antidepressant agomelatine (Valdoxan®) favourably tackled associated behavioural facets with great tolerability.

A 10-year-old male Kuwaiti kid was casualty petitioned by his parents for behavioural dyscontrol. He was long diagnosed as ASD, according to DSM-5, with mild intellectual disability, non-verbal but with no seizure activity attending special schooling. As reported, he is hyperactive, yelling and screaming, cranky, with continuous body rocking movements and disturbed sleeping in the form of difficulty falling asleep and frequent nocturnal awakenings. This is now escalating in a crescendo manner. He was meticulously scrutinized for medical and environmental causations that could be contributory to this behavioural decapsulation with negative yield. Past psychotropic meds history includes intolerance to both risperidone (incurred acute dystonic reactions, hyperprolactinaemia and weight gain) and aripiprazole (incurred severe akathisia) with mediocre response at best, as reported during the trial. Agomelatine is atypical antidepressant with a novel mechanism of action, namely, 5HT2C antagonism and M1 & M2 melatonergic agonism or colloquially MASSA (melatonergic agonist and selective serotonin antagonist) [5]. This would translate, psychopharmacologically, into noradrenaline-dopamine disinhibition (NDDI) and a chronobiologic actions, respectively. NDDI might help with hyperactivity, akin to stimulant actions in ADHD. 5-HT2C antagonism is ultimately proserotonergic at 5HT1A and thus antidepressant, anxiolytic and antiobsessional. Melatonergic actions tend to synchronize circadian rhythms without compromising daytime vigilance. Agomelatine has a benign side effects profile but mandates periodic liver function monitoring [6]. This case report shows agomelatine could be an appealing addition to the psychopharmacologic armamentarium addressing behavioural facets in ASD. This goes in tandem with a case report of autistic dermatillomania that responded favourably to agomelatine [7]. Contrariwise, Niederhofer found no superiority of agomelatine over other antidepressants in ASD [8].

References

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