



Acute dystonia after initiation of duloxetine for chronic pain: a case report.

Mahmoud Morsi, MD¹, Taruna Penmetcha, MD¹, Willaim Sierralta, MD¹, Maria Torres, MD¹, Syed Rahman, MD¹.

(1) Department of Anesthesiology, John H. Stroger, Jr Cook County Hospital



Introduction

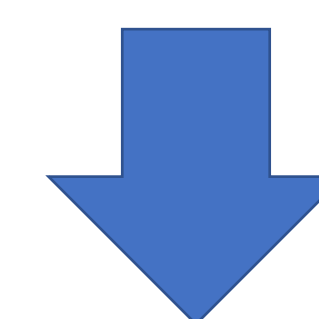
- Duloxetine is a serotonin-norepinephrine reuptake inhibitor (SNRI).
- Used to manage anxiety and depression.
- Approved for management of chronic musculoskeletal pain, fibromyalgia, and neuropathic pain.
- In general, it is considered safe and well-tolerated.
- Common adverse side effects are minor and affect mainly gastrointestinal and the nervous systems, consistent with pharmacology of the molecule.
- Extrapramidal symptoms like acute dystonia are an uncommon but serious side effect.
- **The following is a case of acute dystonia after two doses of 30 mg duloxetine.**

Materials and Methods

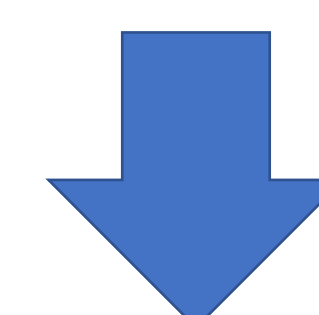
As the case report is devoid of patient-identifiable information, it is exempt from IRB review requirements as per Cook County Health Services policy.

Case presentation

55-year-old, male patient with PMH of Anxiety presented to our clinic with severe back pain due to facet arthropathy. He was started on duloxetine.



Patient presented during the follow up appointment with new complaint of **jaw-clenching** that started on the **second day** after taking **duloxetine 30 mg**. He reported that the clenching appeared immediately after taking it and had been constant.



He was instructed to **stop** the medication **immediately**. The symptoms progressively **subsided** within the following **two weeks after discontinuation** of duloxetine. During follow-up appointment two months after the episode the patient referred no recurrence of symptoms.



Conclusion

- **Acute dystonia** with duloxetine is rare but a concerning side effect and **may be fatal** especially with **bruxism and laryngeal spasms**.
- The pathophysiology of this condition is unclear, however it has been hypothesized that dopaminergic and serotonergic systems disturbances are related to its development.
- It warrants **discontinuation of the drug**.
- More studies are needed to determine if it's a dose related side effect that could be avoided with **less doses? and why it develops only in certain people?**

References

- Kantor, E. et al. (2015) JAMA 314:1818–31.
- Görkem, K. et al. (2013) [Psychiatry Investig.](#) 10(1): 95–97

