



# Clozapine Withdrawal-Emergent Severe Tardive Dyskinesia in a Patient with Schizoaffective Disorder: A Case Report

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## BACKGROUND

- Tardive dyskinesia (TD) is a potentially irreversible hyperkinetic movement disorder associated with prolonged exposure to dopamine receptor-blocking agents. Clozapine is unusual among antipsychotics in its ability to suppress TD symptoms; however, abrupt discontinuation may precipitate withdrawal phenomena, including rare cases of withdrawal-emergent or rebound TD.



## AIMS

- To highlight the risk of severe TD exacerbation following abrupt clozapine discontinuation in the context of medical hospitalisation and to emphasize management challenges in vulnerable patients.



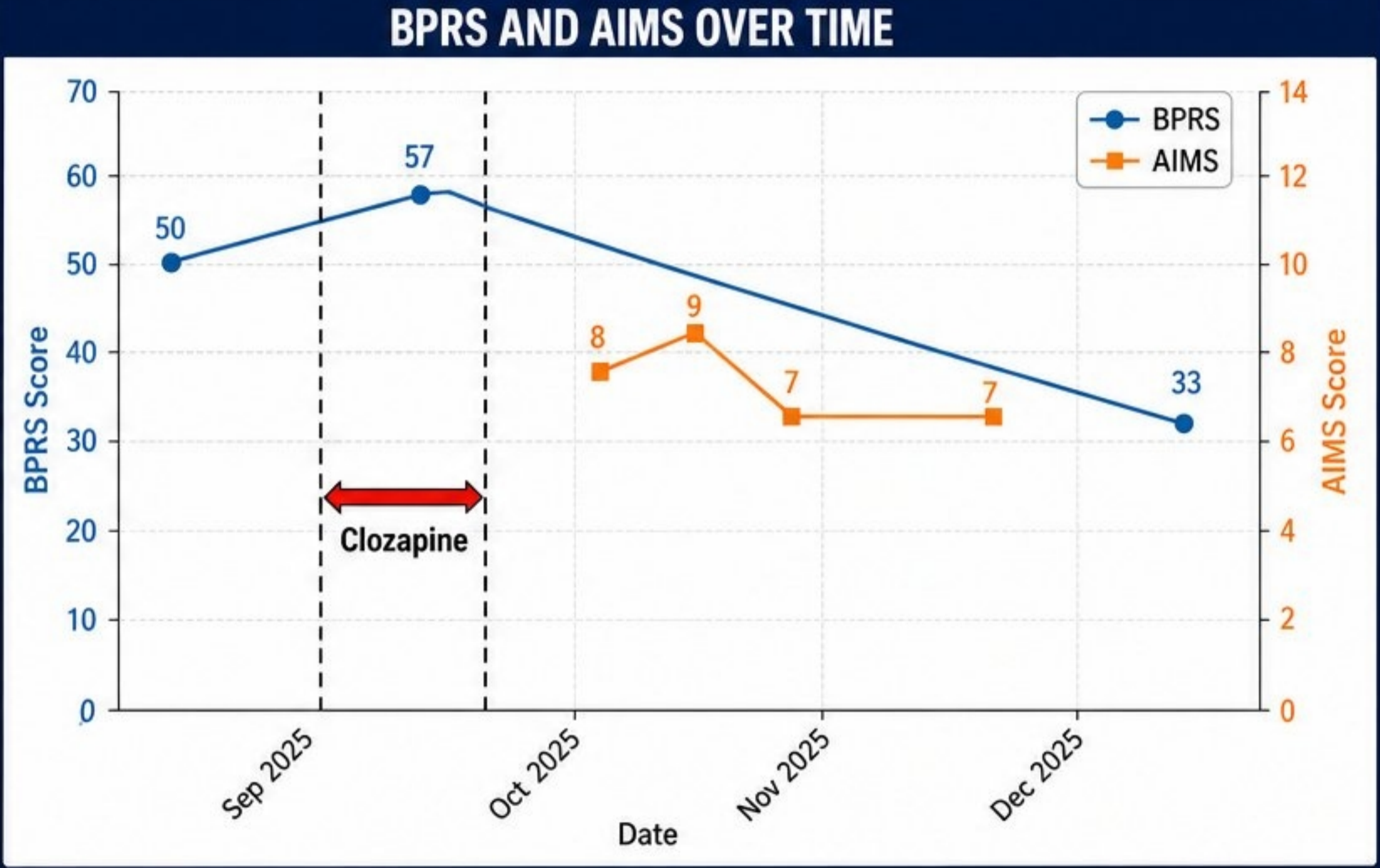
## METHODS

- We present the case of a 70-year-old woman with schizoaffective disorder who developed marked worsening of TD following abrupt cessation of clozapine during a medical admission for delirium where there were initial concerns that she had neuroleptic malignant syndrome.



## RESULTS

- Following clozapine discontinuation, the patient developed severe perioral, jaw, and lower limb dyskinesia that was substantially worse than on clozapine or her pre-clozapine baseline.
- There was no meaningful response to anticholinergic treatment, and re-introduction of clozapine was not pursued due to patient preference.
- Partial improvement was observed with low-dose olanzapine.



## CONCLUSION

- This case adds to the limited literature on withdrawal-associated TD following clozapine cessation and highlights the potential severity of rebound dyskinesia, particularly in older patients.
- It underscores the importance of cautious risk-benefit assessment when discontinuing clozapine during medical hospitalisation and the need for early specialist input to mitigate withdrawal-related movement disorders.



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