Akathisia

a comprehensive guide

This is akathisia...

Akathisia is an extremely distressing neurological disorder characterized by severe agitation, an inability to remain still, and an overwhelming sense of terror. These symptoms are so torturous that it can lead to self-harm, violence, and suicide. Akathisia is primarily caused by prescribed medications. The most common offenders are antipsychotics, antidepressants, antiemetics, and antibiotics; however, many other classes of medications can cause it as well. It most often occurs when starting, stopping, or changing a dose, but it can occur at any time during treatment and even months after a medication is stopped.

Akathisia is far more common than has been reported in the past and remains dangerously under-diagnosed and under-reported today.

Please scan this QR code to see a 38-second video illustration of akathisia (using your phone's camera or a QR code scanner application):

Symptoms

The following symptoms have been reported universally (i.e., regardless of whether akathisia was caused by long-term use of a psychiatric medication, or by a single dose of an antiemetic given in an emergency room).

The most common symptoms are:

- Intense physical restlessness with a need for constant movement such as pacing, rocking, foot tapping, hand wringing, and shifting position in a chair
- An overwhelming sense of terror, which has also been described as "chemical terror." This is so pervasive that the person actually feels as if they are experiencing a terrifying event such as being lit on fire or buried alive. It is much more severe and much more dangerous than anxiety in which a person only fears something bad will happen.
- A feeling often described as "wanting to jump out of my skin"
- Extreme agitation and aggression
- Nonsuicidal self-harm impulses
- Suicidal and/or violent impulses

Other common symptoms include, but are not limited to:

- Depersonalization-derealization (feeling disconnected from the body, as if observing it from the outside, or a sense that the world is unreal, similar to living in a dream)
- Separation anxiety and agoraphobia (i.e., a need to be near safe people and places at all times)
- Racing thoughts and pressured speech
- Signs of executive dysfunction such as impulsivity, disorganization, inattention, and emotional dysregulation
- Vocal tics

In this short video (1 min, 34 sec), Joseph Glenmullen, MD, describes akathisia, how it causes suicide, and how these suicides are vastly different from suicides due to depression:

For Clinicians

Recognizing Akathisia (ICD-10-CM Code G25.71)

Key Points

- Akathisia is an organic neurological disorder composed of both neurological and psychological symptoms
- Motor symptoms can be variable, briefly suppressed, increase with attention, and decrease with distraction
- Motor symptoms may increase with physical and psychological distress
- Excessive movements are not always evident

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Clinical Assessment (By Perminder Sachdev, MD, PhD, FRANCZP)

There is no consensus regarding which movements, if any, are characteristic of akathisia. In our study, the features that best discriminated akathisia from non-akathisia were: i) shifting weight from foot to foot, or walking on the spot, ii) inability to keep legs still (subjectively), iii) feelings of inner restlessness, and iv) shifting of body position in the chair. However, these features are not present in every patient, and in the milder cases, only the subjective report may be present, at least on brief examination, and only prolonged observation will reveal any motor disorder. Voluntary movements and effortful tasks tend to reduce the movements. The majority of the patients report that akathisic movements are voluntary and in response to subjective distress. Except for the most severe cases, patients are able to voluntarily suppress the movements at least for short periods. A few patients manifest myoclonic jerks of the legs and toes, but these are not prominent features. Tremor of the extremities is not uncommonly associated, and this may be regarded as the co-occurrence of drug-induced parkinsonism. Another feature of the movements is their marked variability over time, and their usual disappearance during sleep.

Common Misdiagnoses: Worsening of a mental illness, new mental illness, generalized anxiety disorder, panic disorder, personality disorder, bipolar disorder, attention-deficit/hyperactivity disorder, restless legs syndrome.

Functional neurological, somatic symptom, and factitious disorders: Patients with akathisia may easily meet the DSM-5 criteria for these disorders if they cannot get the correct diagnosis. They will appear to have "disproportionate and persistent thoughts about the seriousness of their symptoms," have a "persistently high level of anxiety about their symptoms," and spend "excessive time devoted to these symptoms." They will do their own research, know the correct medical terms, be eager to have numerous tests performed, and have a history of visiting many clinics and hospitals. They may also refuse to allow medical professionals to speak to their family until they get the correct diagnosis.

Drug-Seeking: Akathisia is very common in benzodiazepine withdrawal, especially if prescribed long term. It can also occur with tolerance and between doses. To these patients, even one missed dose can cause significant worsening. Due to the increased suicidality, they know they may not survive a cold-turkey withdrawal. They are not "drug-seeking" to "get high." They simply need their prescription renewed so they can taper at a rate slow enough to prevent a return of the akathisia.

This 52-second video illustrates the dangers of cold-turkey benzodiazepine withdrawal:

Akathisia is not rare. It is a serious, life-threatening condition that thousands of undiagnosed people are living with today. If a patient claims to have it, actually uses the term, they probably do. Failing to consider a self-diagnosis can cause significant harm. Already suffering from the suicidality inherent in akathisia, an incorrect diagnosis can result in involuntary hospitalizations, mistreatment, forced drugging, loss of family support, abandonment, and homelessness. These people do not want to die, but, at a certain point, they may lose the will to live.

Treating Akathisia

Pharmacological treatment of akathisia is extremely difficult because a medication that helps one patient may harm another. Please consult the literature for suggested treatment options. If a patient is tapering off a psychotropic medication, it is crucial to continue their tapering schedule. A faster taper can result in a return, or severe worsening, of their akathisia.

Note: Threatening to restrain and/or force drug patients exhibiting signs of akathisia, including self-harm, could significantly worsen their condition and their behavior. Using a calm tone to assure them they are safe may be much more effective.

The following dopamine-depleting medications can cause or significantly worsen akathisia:

aripiprazole (Abilify)
asenapine (Saphris)
cariprazine (Vraylar)
chlorpromazine (Thorazine)
ciprofloxacin (Cipro)
citalopram (Celexa)
clozapine (Clozaril)
delafloxacin (Baxdela)
desvenlafaxine (Pristiq)
domperidone (Motilium)
doxycycline
droperidol (Inapsine)
droperidol (Inapsine)
duloxetine (Cymbalta)
escitalopram (Lexapro)
fluoxetine (Prozac)
fluphenazine (Modecate)
flupentixol (Fluanxol)
gemifloxacin (Factive)
haloperidol (Haldol)
iloperidone (Fanapt)
levofloxacin (Levaquin)
levomilnacipran (Fetzima)
loxapine (Loxitane)
lurasidone (Inapsine)
metoclopramide (Reglan)
milnacipran (Savella)
moxifloxacin (Avelox)
ofloxacin (Floxin)
olanzapine (Zyprexa)
paliperidone (Invega)
paroxetine (Paxil)
perphenazine (Trilafon)
pimozide (Orap)
prochlorperazine (Compazine)
promethazine (Phenergan)
quetiapine (Seroquel)
risperidone (Risperdal)
sertraline (Zoloft)
thiothixene (Navane)
tiapride (Tiaprida)
trifluoperazine (Stelazine)
trimethobenzamide (Tigan)
venlafaxine (Effexor)
ziprasidone (Geodon)
zuclopenthixol (Clopixol)

Please visit akathisiaalliance.org for more information

Website

Clinicians

Video

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