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LETTER TO THE EDITOR

Risperidone induced enuresis in an 8-year-old boy

Sekiz yaşında bir çocukta risperidona bağlı enürezis

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To the Editor,

Risperidone is an atypical antipsychotic commonly used in children and adolescents for aggression, behavioral issues, tic disorders, and psychotic disorders[1]. Although the use of risperidone is mostly safe in children, it may cause some side effects[1,2]. Risperidone may cause common side effects such as weight gain, sedation, constipation, dry mouth, dystonia, rigidity, and increased salivation [3]. There have been few case reports of enuresis with risperidone in the literature so far, some of these cases have been associated with the use of antidepressants or other antipsychotics together with risperidone[4]. We present an 8,5 years old patient who had enuresis with risperidone.

YD, a 8.5 years old boy, was brought to our clinic by his mother due to anger, hitting his friends and brother, hyperactivity. The patient and his parents gave verbal and written consent for the letter to editor. Histories taken from the patient and relatives revealed that he had been active since his childhood, angry, hitting his friends, his brother. Due to constant complaints from the school, the family decided to apply to us. He took 13 points in hyperactivity Subtest, 8 points in Oppositional defiant disorder (ODD) subtest of Turgay Disruptive Behavior Disorders Symptom Screening Scale[5]. In the initial evaluation, the patient was diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and ODD according to DSM-5, and 10 mg/day methylphenidate treatment was started. At examination 1 month subsequently, we learned that the hyperactivity symptoms had partially improved, and his score on the hyperactivity Subtest of Turgay Disruptive Behavior Disorders Symptom Screening Scale decreased to 4 [5]. However, there was no significant reduction in oppositional defiant disorder symptoms. Therefore, risperidone 0.5 mg/day treatment was started. The patient's ODD symptoms had partially decreased. However, the mother of the patient came to the emergency room 1 week after the examination with the complaint of urinary incontinence that occurs every night immediately after starting risperidone. The patient was given behavioral suggestions for urinary incontinence; however, the complaints did not improve with this method. It was thought that it might be due to risperidone, and the drug was discontinued and it was discussed again 1 week later. All of his complaints were resolved. The patient was consulted to the pediatric urology department. Tests revealed blood urea nitrogen (BUN): 14 mg/dl, creatinine: 0.65 mg/dl, and glucose: 79 mg/dl, while complete urine examination and other biochemistry values were within normal limits. No pathology was determined at the urological examination. Since ODD symptoms persisted, the patient was started on risperidone 0.5 mg/day again, but the drug was discontinued 4 days later because urinary incontinence recurred every night. The patient had never had enuresis before. The patient was started on aripipyrazole 3 mg/day treatment and ODD symptoms were partially reduced and urinary incontinence complaints never occurred. Follow-up was planned at two week intervals.

In our case, the onset of enuresis with risperidone, regression of the complaint after discontinuation of

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the drug, and its onset when it was started again suggest that enuresis may be due to risperidone. In our case, he scored 8 (probable) points according to the Naranjo scale[6]. The Naranjo scale was developed to assess the extent to which adverse events may be drug-related[6]. According to the Naranjo scale, 1-4 points are considered possible, 5-8 points are probable, and 9 points and above are definite[6]. It is thought that risperidone A1 blockade may cause enuresis by decreasing the bladder internal sphincter tone[7]. If clinicians are more careful in recognizing possible drug-related side effects, it will increase patients' compliance with the drug.

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