



EDİTÖRE MEKTUP / LETTER TO THE EDITOR

Choking phobia treated with low dose haloperidol

Düşük doz haloperidol ile tedavi edilen yutma fobisi

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Dear Editor,

Choking phobia is characterized by the extreme fear about swallowing and avoidance of eating, swallowing solids and/or liquids¹. During childhood, vomiting and painful traumatic experiences can cause maladaptive eating behavior. These patients reject eating solid foods as a result of this they may lose weight². Here, we report a pediatric patient whose eating refusal occurred after death of her grandfather, and was treated successfully with haloperidol and behavioral intervention.

Eight years old female patient admitted to Child and Adolescent Outpatient Clinic with the complaints of eating refusal and death fear. Her symptoms started after death of her grandfather. While she was fed normally until 2 months ago, she abruptly began to eat only liquid foods and formulas since death of her grandfather. According to her parents, she feared choking and she had heart palpitations while she was eating something. She thinks "If I choke any food, I can aspirate and I can die". Her prenatal, perinatal and postnatal history was normal. Her routine blood analysis and Electrocardiogram (ECG) were normal. When the patient was asked for making a daily list of the food she ate, and the list consisted of only milk and formula, she was diagnosed with choking phobia. Haloperidol was started 0,5 mg/ day and cognitive treatment was applied for phobic avoidance. In this process, some behavioral interventions such as motivation and exposure homework were given at certain day of the weeks.

In the third week of haloperidol treatment, her

symptoms were fully resolved. At the end of two-month treatment of haloperidol, she could eat solid and any other forms of food without any anxiety reactions.

Choking phobia may develop after experiencing a sudden traumatic event, but it is not always the case.² In our case, after the patient encountered with found out her grandfather's death by choking, she began refusing food intake, fearing suffocation while eating. Solely fluid intake is considered to be more severe and these cases are often misdiagnosed with anorexia nervosa due to weight loss. Absence of body perception impairment and disturbance as a result of weight loss helps us to distinguish choking phobia from anorexia nervosa³.

There is no standard treatment protocol for choking phobia in literature. The Selective Serotonin Reuptake Inhibitors (SSRI) and behavioral interventions were mentioned as effective treatment strategies in some cases⁴. In this case, we firstly used haloperidol in order to reduce anxiety, and then, we practiced behavioral interventions with patient. Haloperidol has anxiolytic effect as a typical type antipsychotic that exhibits high affinity dopamine D₁ and D₂ receptors, presenting less sedation. After 0,5 mg/g haloperidol treatment for three weeks, significant decrease in anxiety about choking and optimal feeding behavior was achieved.

We concluded that low-dose haloperidol as an anxiolytic agent may be an effective treatment in children with choking phobia. Further research about the efficacy of haloperidol in this age group is needed.

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