
Akathisia

Characteristics: A sense of restlessness, causing the patient to appear fidgety, to have difficulty sitting still, and to rock from one leg to the other while standing. It can present as an inner sense of restlessness without obvious movement. Can lead to agitation and even suicidal ideation.

Meds That Cause It: Antipsychotics, especially high-potency first-generation antipsychotics (such as haloperidol), but second-generation agents may also cause it (especially aripiprazole, brexpiprazole, paliperidone, risperidone). Occasionally SSRIs and bupropion.

Mechanism: D2 blockade, possibly serotonin stimulation.

General Management:

- Reduce dose.
- Switch to lower-potency first-generation or second-generation agent with lower potential for akathisia (see Table 10).

First-Line Medications:

- Propranolol (Inderal). Start 10 mg BID, ↑ by 10–20 mg/day increments; can go up to 30–90 mg daily in two or three divided doses. SE: Dizziness, fatigue, syncope, low BP.
- Inderal LA. Long-acting version of propranolol that can be dosed once a day. 60–80 mg daily.
- Benzodiazepines. Any of them will work (eg, lorazepam [Ativan] 0.5–1 mg BID). Dosed at the equivalent of diazepam (Valium) 10 mg BID or more frequently as needed.

Second-Line Medications:

- Benztropine (Cogentin) 1 mg BID.
- Cyproheptadine (Periactin) 8–16 mg/day.
- Amantadine (Symmetrel) 100–200 mg BID.
- Clonidine 0.2–0.8 mg/day.
- Gabapentin (Neurontin) 1200 mg/day.
- Trazodone (Desyrel) 100 mg/day.
- Mirtazapine (Remeron) 15 mg/day.

Clinical Pearls:

- May manifest in a number of ways, such as pacing, inability to sit still, crossing and uncrossing one's legs, rocking back and forth, or other purposeless repetitive motions; patients may complain of crawling feeling under skin or "shocks."
- Don't confuse akathisia with agitation due to the underlying psychiatric disorder—you might make the mistake of increasing the antipsychotic, thus worsening the akathisia.
- Risk factors include high dose, high-potency antipsychotics, and rapid dose escalation; use of caffeine, other stimulants, or illicit drugs may also exacerbate akathisia.
- May appear within first few hours of antipsychotic exposure, but usually takes days to weeks to appear.
- Can occur in a tardive form, with symptoms lasting for greater than six months after discontinuation of the offending agent.
- Clozapine and quetiapine cause no more akathisia than placebo.

Fun Fact:

Akathisia is from the Greek *a-kathisis*, "no sitting." The English word "cathedral" is from the same root: *Kathedra* is a bishop's seat or throne, while a cathedral is a church in which the bishop's seat is placed.