Attention Deficit Hyperactivity Disorder and Disruptive Mood Dysregulation Disorder Treatment with Olanzapine and Methylphenidate: A Case Report

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Abstract
Attention deficit hyperactivity disorder (ADHD) is one of the most common disorders in childhood which deficits of inattention, hyperactivity and impulsive behavior. Disruptive mood dysregulation disorder is characterized by severe recurrent temper outbursts that are inconsistent with developmental level and manifest verbally or behaviorally. The disorder can co-exist with ADHD and conduct disorder. In treatment of ADHD most common used pharmacological agent is methylphenidate. Atypical antipsychotics (e.g. risperidone, aripiprazole, olanzapine) can be added to treatment in some cases because of unsatisfactory clinical response and comorbidities such as conduct disorder, pervasive developmental disorders, disruptive mood dysregulation disorder, mental retardation. Olanzapine is one of the Food and Drug Administration approved atypical antipsychotics which antagonizing the dopamine (D1, D2, D4), serotonin (5-HT2A, 5-HT2C, 5-HT6), histamine (H1), alpha1- adrenergic and muscarinic (especially M1) receptors. It is used increasingly for the treatment mood disorders, schizophrenia, conduct disorder and pervasive developmental disorders at child and adolescent psychiatry clinics. Studies pointed that olanzapine causes mostly dry mouth, weight gain, increase appetite, sedation and hyperlipidemia. In this article, we report a 8-year-old male patient treated with olanzapine and OROS methylphenidate who have ADHD, disruptive mood dysregulation disorder and conduct disorder. This issue want to get attention that these two psychopharmacologic agent is usable concominantly ADHD and comorbidities.