research report

A case of complete remission of childhood-onset fluency disorder after a long-term, relatively high dose of fluoxetine

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abstract
A case of complete remission of childhood-onset fluency disorder was reported in a patient who took fluoxetine privately to overcome social anxiety disorder. All reports of childhood-onset fluency disorder in Europe and the U.S. have shown temporary effects only while the patient was taking the drug, and all of them have relapsed after stopping the drug, and there have been no reports of complete remission. We present this case as an extremely remarkable case.

Key words
Childhood-onset fluency disorder, fluoxetine, long-term relatively high dose

Introduction.

Treatment of childhood-onset fluency disorders has been widely used in the United States and Europe for a long time, and there have been many reports of fluoxetine-induced fluency disorders being remitted by fluoxetine. Fluoxetine has also been reported to cause fluency disorders, although only temporarily.
There are some reports of SSRIs (Selective Serotonin Reuptake Inhibitors) in Europe and the United States, which have caused fluency disorders, albeit temporary, and have resulted in temporary remission. There have been more than 10 such cases.

Cases

Case, male, 49 years old, right-handed.
History: in the first year of junior high school, he developed psychogenic dysphonia, which he continues to suffer from. At the end of his senior year of high school, he developed a social anxiety disorder. Tensed up so much on the second exam of the university entrance exam that he failed the exam and failed the test, and failed the entrance exam. After failing the first test, he failed the second exam, and was unsuccessful in the entrance exam, but was admitted to the university.
Life history and current medical history: Parents and others had been aware of his fluency disorder since he was a child, but he was not aware of it. He had been slurring his speech since he was a child. His parents did not seek treatment for this disorder and left him alone. However, he excelled extremely well in math and mathematics academically and was never abused.
In middle school, a very close friend of his imitated his serial fluency disorder, but he was not bothered by it.

At the beginning of his freshman year of high school, when he was trying to talk to a friend on the school bus, he noticed that he couldn't get the first word out of his mouth. In the second semester of his freshman year of high school, he realizes that he cannot read a modern Japanese language book. In this modern Japanese language class, he was asked to read one sentence at a time, in order of seating, and if he could do it at all, he was made to sit upright next to his seat. It was a boarded-up floor, and it was grueling. Since then, he had to leave early before a modern Japanese language class and take a break on days when there was a modern Japanese language class, and he was able to advance to the second year of high school with special consideration.

It is thought that he was a serial child but changed to a refractory case from his first year in high school. When case was entering college, a tutor for the younger brother of a friend of his sister was asked to tutor the younger brother of his sister's friend, but the tutor's request was cancelled because the sister of the friend of the sister was in the same class as the case and the parents were told that the tutor had a severe fluency disorder like that.

In her senior year of college, she was seen by a psychiatrist for social anxiety disorder and fluency disorder. He was prescribed a benzodiazepine anti-anxiety medication, which he found to be dramatically successful for his fluency disorder and insufficiently effective for his social anxiety disorder. Since then, he has escaped from a life of near confinement. She manages to attend her college classes.

The year he was expelled from college if he stayed there any longer, he had a motorcycle accident and broke his skull. Since then, he has had great difficulty remembering people's names. However, he managed to graduate and started his life as a working man.

A few years after he started working at the company, he found out that he could import various drugs from the internet. The case was suffering from social anxiety disorder because benzodiazepines were only sufficiently effective for social anxiety disorder. Therefore, he imported fluoxetine, which was much talked about at that time, and started to take it. Although the patient was aware of the side effects of fluoxetine, she was deeply troubled by social anxiety disorder and continued to take a relatively high dose without fear of the side effects.

The patient was aware of a complete remission of her fluency disorder, but was not pleased at all, and was suffering from social anxiety with no relief at all, even with relatively high doses of fluoxetine.

She is now trying to alleviate her social anxiety disorder by changing the drug she imports to paroxetine, but there is no tendency to alleviate her social anxiety disorder.

Discussion

There is one report of Fluoxetine making the fluency disorder less severe7), but there is one report of Fluoxetine making it more severe6). However, there is also one report of a severe case6).

A number of papers have reported that paroxetine has reduced fluency, but these are all temporary effects that occur only during treatment. Some papers have confirmed the effect of paroxetine on fluency disorders in double-blind studies.

There have been four other reports of SSRIs (selective serotonin reuptake inhibitors) affecting impaired fluency: sertraline worsened impaired fluency, even if only temporarily2,4,5). There were no reports of other SSRIs affecting fluency disorders; no reports of SNRIs or NaSSA affecting fluency.

All of the papers on drug-induced fluency reduction have been temporary effects. It is assumed that there may be a specific mechanism of action that exists only with fluoxetine.

It can only be assumed that a relatively high dose of fluoxetine, taken for a prolonged period of time greater than 10 years, caused permanent degeneration of the nerves or nerve junctions, but this could not be found in the literature.

Sertraline, a class of SSRIs, is associated with worse stuttering, and we have sought to see if this might help shed some light on the mechanism of stuttering, but there is nothing in the literature to suggest this.

COI: There is no COI to disclose.

Literature.

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