



The Neurobiology of Akathisia: Insights into Pathophysiology and Treatment

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DESCRIPTION

Akathisia is a complex movement disorder characterized by an intense feeling of inner restlessness and an overwhelming need to move. Although often associated with antipsychotic medications, akathisia can also occur due to various other drugs and medical conditions. This condition not only poses physical challenges but can also significantly impact the emotional well-being and quality of life of those affected. This article explores the causes, symptoms, diagnosis, and management of akathisia, shedding light on an often-misunderstood medical phenomenon. The term “akathisia” originates from the Greek words “a” (without) and “kathisia” (sitting), aptly describing the inability of individuals to remain seated due to restlessness. While akathisia is primarily associated with the use of psychotropic medications, it can occur across a spectrum of conditions, emphasizing the importance of recognizing it as a potential side effect or symptom. This is the most common type, usually developing within hours to weeks of starting or increasing a medication dose. Symptoms often subside if the medication is adjusted or discontinued. Chronic akathisia persists for months or longer, even after discontinuation of the offending medication. A late-onset form, tardive akathisia occurs after prolonged use of certain medications, particularly antipsychotics. Symptoms may fluctuate in severity. This occurs when discontinuing or reducing a medication dose, especially drugs that affect dopamine pathways. Medications are the leading cause of akathisia, particularly. Both first-generation (e.g., haloperidol) and second-generation (e.g., risperidone) antipsychotics are strongly associated with akathisia. Selective Serotonin Reuptake Inhibitors (SSRIs) and other antidepressants may also induce akathisia. Drugs like metoclopramide and prochlorperazine, which block dopamine receptors, can lead to akathisia. Lithium, calcium channel blockers, and stimulants have been implicated in some cases. The symptoms of akathisia can be both physical and psychological, often leading to a complex presentation that challenges

diagnosis. Akathisia can profoundly disrupt daily activities and relationships. In severe cases, it may lead to suicidal ideation, highlighting the need for timely diagnosis and intervention. Diagnosing akathisia requires a thorough clinical evaluation, as there are no definitive laboratory tests for this condition. A detailed history of symptoms and a review of current and past medications are essential. Identifying the temporal relationship between medication changes and symptom onset can provide critical clues. Observation of motor behaviour, such as pacing or repetitive movements, helps confirm the diagnosis. The exact mechanisms underlying akathisia are not fully understood. However, it is believed to involve dysfunction in the dopamine pathways of the brain, particularly in the basal ganglia. Medications that block dopamine receptors (e.g., antipsychotics) can disrupt the balance of neurotransmitters, leading to akathisia. Other neurotransmitters, such as serotonin and norepinephrine, may also play a role, depending on the causative agent. Effective management of akathisia depends on identifying and addressing its underlying cause. Reducing the dose of the offending medication or switching to an alternative with a lower risk of akathisia may resolve symptoms. Substituting a first-generation antipsychotic with a second-generation antipsychotic (e.g., quetiapine or clozapine) may be beneficial. Given the emotional burden of akathisia, counselling or psychotherapy can help patients cope with the distress associated with the condition. Regular physical activity may help alleviate restlessness. Stress management techniques, such as mindfulness or relaxation exercises, can provide psychological relief.

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CONFLICT OF INTEREST

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