

P-152 - POST TRAUMATIC STRESS DISORDER AND STUTTERING: HYPOTHESIS FOR THE ETIOLOGY OF ACQUIRED STUTTERING BASED ON SUCCESSFUL TREATMENT WITH CLONIDINE

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Stuttering is a disorder in which the flow of speech is disrupted by involuntary repetitions and prolongations of sounds, syllables or words. In this report, we will describe a patient with a diagnosis of PTSD who presented with acquired stuttering and that was successfully treated in part with clonidine.

Mr. S A is a 37 year old married man who at the time of presentation was in active military service. He was diagnosed with PTSD and acquired stuttering and referred for psychotherapy with the option of choosing between cognitive processing therapy and exposure therapy. He was started on sertraline 50mg po q daily which was titrated to 100mg po q daily. Clonidine 0.3 mg po qhs was prescribed to treat his nightmares as well. Three weeks after starting clonidine treatment, his PTSD symptoms and stuttering reduced in intensity. He is now being followed for maintenance therapy at the outpatient clinic.

Clonidine, a centrally acting alpha adrenergic receptor agonist which acts at noradrenergic autoreceptors and may be responsible for reducing the release of norepinephrine in the brain. We hypothesize that this may work in reducing the symptoms of acquired stuttering by preventing an increase in blood flow and subsequent increase in activity of both the amygdala and to the right cortical motor area.

It would be of use to carry out more studies looking at the effect of clonidine on acquired stuttering in patients with PTSD.