

# Dystonic reactions to Dimotapp elixir

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**SUMMARY.** We report on a case where a child was prescribed Dimotapp elixir and developed a severe adverse reaction.

### Introduction

**D**IMOTAPP elixir contains brompheniramine maleate 4 mg, phenylephrine hydrochloride 5 mg and phenylpropanolamine hydrochloride 5 mg per 5 ml. These ingredients are also widely used in other preparations. A variety of dystonic reactions have been reported to antihistamines (Committee on Safety of Medicines, 1980), but no such reactions have been reported to Dimotapp elixir or its constituents (Fastner, 1980). Dimotapp is a commonly used drug and was prescribed, or continued, at 761 consultations in our practice of 8,000 patients over the last year (University of Southampton, 1980).

### Case report

An eight-year-old girl, J.M., has been seen in our practice on several occasions over the last six years for mild recurrent bronchospasm; she received intermittent salbutamol and antibiotics for this complaint. She also suffers from very mild eczema, for which she receives no treatment.

On 2 November 1979, she developed a cough at night and was prescribed Dimotapp elixir 5 ml nocte. The Dimotapp was only partly effective in suppressing this cough and was increased to 10 ml nocte on 26 May 1980. Immediately after the Dimotapp had been increased, she began to suffer from increasingly severe episodes of spasmodic torticollis, culminating in an oculogyric crisis on 24 July. She had received one dose of haloperidol (1.5 mg) on 23 July. After stopping the Dimotapp elixir and the haloperidol, she has experienced no

further dystonic reactions. The adverse reaction was reported to the Committee on the Safety of Medicines.

### Discussion

It appeared that increasing the dose of Dimotapp elixir precipitated a dystonic reaction (spasmodic torticollis). Haloperidol is known to cause severe oculogyric crisis (Laurence, 1973), and its addition on 23 July probably precipitated a more severe dystonic reaction. However, we feel that this does not negate the fact that a two-month history of dystonic reactions was present before we prescribed haloperidol. Furthermore, the dystonic reaction (spasmodic torticollis) disappeared after the Dimotapp elixir was completely withdrawn. It is interesting to speculate whether this girl's atopic disposition predisposed to her idiosyncratic drug reaction.

We feel that this adverse reaction is important in view of the large volume of Dimotapp currently being prescribed for children in the United Kingdom.

### References

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