

Memantine-induced myoclonus



The NMDA receptor antagonist, memantine, is used for symptomatic treatment of Alzheimer disease (AD).¹ A 76-year-old man with mixed AD and vascular dementia, hypertension, and chronic kidney disease developed head and upper extremity myoclonus (video on the *Neurology*[®] Web site at Neurology.org). Memantine was prescribed (5 mg/d) 6 days before onset. Myoclonus disappeared after memantine withdrawal (video). Amantadine, which also has NMDA receptor antagonistic activity, can cause myoclonus.² Memantine is primarily excreted unchanged via the kidney; its elimination half-life is increased with renal impairment,¹ which may have induced myoclonus in this case. Blockade of NMDA receptors may play an important role in the pathogenesis of myoclonus.

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1. Effect of renal impairment on the pharmacokinetics of memantine. *J Pharmacol Sci* 2012;119:324–329.
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Supplemental data
at Neurology.org

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