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Review Article

TIC DISORDER OCCURRED AFTER OPIUM SMOKING: AN ORIGINAL FINDING

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Abstract: Background: Opium related disorders are common in Asia especially the Middle East. **Objective:** To inspect the possibility of opium related tic disorders. **Results:** Opium smoking could prompt tic disorders. **Discussion:** This report points out that vocal and shoulder tics and eye blinking could occur few years after opium smoking. So this result could be an original and valuable addition to the literature. **Conclusions:** It can be presume that tic disorders may come after opium smoking.

Key words: Opium smoking: Tic disorders

Introduction: Opium is a natural product and a mu receptor agonist which is product of opium poppy.

Opium has a long history of social, medical and recreational approval in several Portions of Asia mostly the Middle East (1-3).

Mental health troubles are going ahead on the earth (4-29). In psychiatrically upsets, substance akin disorders, mainly opioids and stimulants affiliated issues have been stipulated as quandary (30-68). At the present time, opioids and stimulants affiliated mental health disorders

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Accepted after revision: March 2016 Downloaded from: www.johronline.com have resulted more referrals to addiction centers and hospitals (69-112).

Patient demonstration: We depict a patient who acquired tic disorder following opium smoking.

MSh was a married 37 years old engineer with university education. He resided with his family in Shiraz city of Fars province in south portion of Iran.

Our outpatient commenced smoking cigarette and opium since 8 years prior to referring to this clinic. He acquired vocal and shoulder tics and eye blinking 4 years following opium smoking. He reported fading out of tics while he stopped smoking opium and relapsing of tic disorders when he began opium smoking once again. He did not provide any history of suicidal or homicidal behaviors. Patient did not narrate history of tic disorders or substance abuse in his family.

During watching, psychiatric questioning, physical and neurological testing, patient had vocal and shoulder tics and eye blinking. His psychological testing did not show anxiety or depression.

Rapid urine drug screening test was positive for morphine only. With reference toDSM-5 criteria, and according to medical, psychiatric, and substance use history MSh was interpreted as tic disorder and opioid dependence.

Discussion: This investigation illuminates that our patient developed vocal and shoulder tics and eye blinking few years after opium utilization. Thus this determination could be an original and influential addition to the literature.

Conclusions: We infer that tic disorders can be a consequence of opium smoking.

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