
NEUROLEPTIC MALIGNANT SYNDROME AND ATYPICAL ANTIPSYCHOTIC DRUGS: A CASE REPORT

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Introduction:

Neuroleptic malignant syndrome (NMS) is a serious side effect of the antipsychotic, potentially life-threatening. The NMS is characterized by a distinctive clinical syndrome of mental status change, rigidity, fever, and dysautonomia. Even the newer atypical antipsychotics (AA), which are not classified accurately as neuroleptics, can cause NMS.

Objectives:

We report the clinical course of a NMS in a 37-year-old male with bipolar disorder. The clinical onset and the evolution are described.

Aims:

The patient was treated with different AA drugs (risperidone and olanzapine), and after a dosage increase of olanzapine extrapyramidal symptoms appeared (muscular rigidity, hyperthermia, dystonia, tachycardia and profuse diaphoresis) and laboratory abnormalities (CK-NAC 21000U/L).

The patient is examined and evaluated by a internal medicine physician and moved to the Intensive Care Unit (ICU) where he started hydration using intravenous fluids, antibiotics (meropenem), benzodiazepines (diazepam) and dopamine agonist (bromocriptine). His admission in ICU was 13 days.

Results

The pathogenesis of NMD in BD is poorly understood. Current theories are limited in their ability to explain all clinical manifestations. Although there is no diagnostic test for NMS, testing has a crucial role in the evaluation of patients with potential NMS. Typical laboratory abnormalities help to confirm the clinical diagnosis.

Conclusions:

According to the literature reviewed, all classes of antipsychotics have been associated with neuroleptic malignant syndrome, including low-potency neuroleptics, high potency neuroleptics and the newer atypical antipsychotics, so we must monitor patients who start or increase dose of atypical or typical antipsychotics.