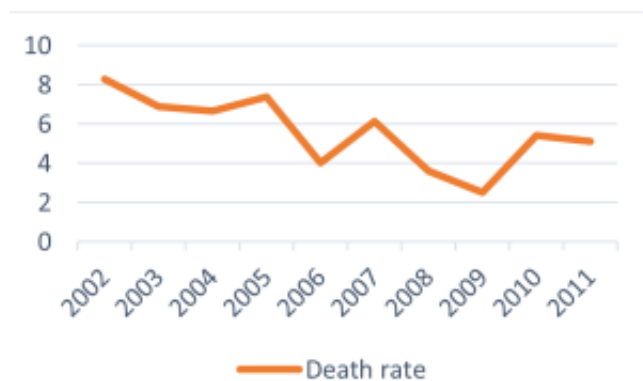


A potentially lethal condition that may occur in psychiatric patients

Antipsychotic drugs are commonly prescribed in patients with various psychiatric illnesses (e.g. psychosis, schizophrenia, aggressive behavior, etc.). A neurological emergency may arise characterized by muscle rigidity and damage, increased body temperature and cardio-respiratory system instability in patients taking these antipsychotic drugs (also known as neuroleptic drugs; hence the name of the syndrome). The syndrome can be life threatening if not recognized and intervened early enough and therefore, a high index of suspicion is required by the physicians. The offending drug has to be withheld immediately and patients usually require intensive care unit admission.



Modi et al analyzed data of 1346 cases admitted to hospitals in United States due to neuroleptic malignant syndrome. Median age was 52 years and majority of cases occurred between the ages of 39 and 66 years. The proportion of male cases (59%) was slightly higher than that of female (41%).

Death rate within the hospital was 8.3% in year 2002 and decreased to 5.1% in year 2011. Such a significant reduction in death over one decade may be attributed to improved treatment in the intensive care units.

The study also looked at common complications that occurred during the hospital stay. Muscle breakdown (a.k.a. rhabdomyolysis) was found in almost one third of the patients. Muscle breakdown products can damage kidneys, which occurred in 18% patients. Seizures occurred in 13% cases and serious infection was found in 6% cases. About 16% patients had respiratory failure, which was the strongest factor associated with death.

In conclusion, the study utilized a large number of patients to identify rates of complications, death rate and factors associated with death. This information can be valuable to the treating physicians, especially to identify factors predicting death.

Publication

[Neuroleptic Malignant Syndrome: Complications, Outcomes, and Mortality.](#)

Modi S, Dharaiya D, Schultz L, Varelas P.

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