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## NEUROLEPTIC MALIGNANT SYNDROME ASSOCIATED WITH OLANZAPINE THERAPY

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**Objectives:** Neuroleptic Malignant Syndrome (NMS) is a rare and potentially lethal adverse reaction generally associated with typical antipsychotics. Cardinal features include muscle rigidity, hyperthermia, mental status changes, elevated CPK levels.

**Methods:** We report on a patient receiving olanzapine, an atypical antipsychotic, who developed NMS.

**Results:** A 31 year-old male with a 5 year history of paranoid psychosis, was successfully treated with olanzapine 15 mg per day. He was also receiving oxcarbazepine for epilepsy (1200 mg/ day) and also suffered from spastic congenital paraparesis. He was almost asymptomatic for 4 years. At some point there was a recurrence of his illness with restlessness and aggressive behaviour. The patient decided to receive additionally 5 mg of olanzapine, without consulting psychiatrist. Soon he developed hyperthermia, hypertonia and confusion. He was initially admitted in a general hospital with leukocytosis and elevated CPK levels (1999 U/L). Other laboratory examinations were within normal limits. He was treated with ceftriaxone and parenteric fluids. After 48 hours he was improved and olanzapine was reinitiated (10 mg/day), and a few hours later he developed fever (40° C), hypertonia, dysphagia, confusion, CGS: 7/15 and elevated CPK levels (4900 U/LT). He was then transferred to the Intensive Care Unit and received treatment for NMS with bromocryptine and dantrolene sodium. His temperature returned to normal in two days and in 6 days he was physically stable. Twenty days later he received treatment for psychosis with low dose quetiapine.

**Conclusion:** NMS characterized by muscular rigidity and fever may rarely occur with atypical neuroleptics, such as olanzapine.