

P-1124 - NEUROLEPTIC MALIGNANT SYNDROME DURING AMISULPRIDE THERAPY - A CASE PRESENTATION

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Introduction: Neuroleptic Malignant Syndrome (NMS) is life-threatening complication of antipsychotic treatment. The risk of NMS is greater by the classical antipsychotics, however there are reports on induction of NMS with the new antipsychotics NAP.

Case description: 56 years old male with the schizoaffective disorder currently manic episode, hospitalized and treated with: valproic acid, lithium and olanzapine; developed depression and metabolic syndrome. Twelve days after the olanzapine was changed to amisulpride (400mg/day) elevation of mood and drive followed by confusion, dysarthria, muscular rigidity and tremor emerged within hours. The lithium intoxication (blood level 1,22 mmol/l) or MNS were suspected. Lithium and amisulpride were discontinued. The occurrence of fever (38 C), insomnia, delirium, rigidity, elevated blood creatine phosphokinase CK (1346j) and myoglobin (144 n/ml) confirmed the NMS. After 20 days treatment with Diazepam and bromocriptine all the symptoms of NMS have disappeared, but the patient started to have depressive symptoms. The quetiapine (100mg/d) for 3 weeks improved mood and activity, but the treatment was discontinued due to recurrent increase in blood CK and myoglobin (with no clinical symptoms of NMS) .

Comment: The presented case reveals the risk of NMS connected with NAP. It is to notice that after withdrawal of the clinical NMS symptoms noticeable over-reactivity of receptors to other antipsychotics (quetiapine) was persisting. The investigation of the role of other factors (co morbid somatic illness, interaction with lithium etc) in the induction of NMS is needed .