

5HT	NMS
<p>Clonus, hyperreflexia, mydriasis</p> <p>Diarrhoea</p> <p>Myoclonus - sudden muscle twitches/jerks</p> <p>confusion, seizures, coma, agitation, restlessness, incoordination, ataxia, rigidity</p> <p>(Can sometimes also get hyperthermia and rhabdomyolysis)</p>	<p>Severe lead pipe muscle rigidity and hyporeflexia</p> <p>Hyperthermia</p> <p>Rhabdomyolysis</p>
<p>drug-induced over-stimulation of serotonin receptors in the CNS and is characterised by a triad of CNS dysfunction, autonomic disturbance and neuromuscular effects</p>	<p>An idiosyncratic reaction after prolonged exposure to neuroleptics or after withdrawal of a dopamine receptor agonist</p>
<p>onset usually within 24hrs</p>	<p>Usually develops over days or weeks, LIFTL says 24-72 h</p>
	<p>NMS frequently associated with multi-organ failure</p>
<ul style="list-style-type: none"> • indicated if marked hyperthermia, rhabdomyolysis, DIC, renal failure, ARDS -> cyproheptadine and chlorpromazine • cyproheptadine – antihistamine with antiserotonergic action • olanzapine 	<p>Specific Therapy</p> <ul style="list-style-type: none"> • Bromocriptine • Amantidine <ul style="list-style-type: none"> ◦ Weak antagonist of the NMDA-type glutamate receptor ◦ Increases dopamine release ◦ Blocks dopamine reuptake • Dantrolene <ul style="list-style-type: none"> ◦ Antagonises RyR, inhibiting Ca²⁺ release from SR • ECT