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Neuroleptic malignant syndrome - A neuroleptic induced syndrome

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Neuroleptic malignant syndrome (NMS), one of the serious complications of antipsychotics, that occurs rarely. More prevalence is seen in individuals of age 20 to 40 years. The major etiology of NMS is depletion of dopamine levels in CNS. NMS usually occurs, when high doses of antipsychotics are administered or sudden change in doses of antipsychotics or any withdrawal of anticholinergics abruptly. Sometimes, NMS follows withdrawal of dopaminergic medication in Parkinson's patients. NMS is characterized by 'lead pipe' muscle rigidity, autonomic dysfunction, hyperthermia, extra pyramidal side effects. Clinical manifestations are analogues to malignant hyperthermia, serotonin syndrome, lethal catatonia and infectious disorders (like meningitis). NMS is a diagnosis of exclusion, thus differential diagnosis is of utmost important, by an expertise clinician. Laboratory findings that help in diagnosis are creatine kinase (CK) levels, leucocyte count, myoglobinuria and liver enzymes. Most lethal complication with NMS is death, due to multi organ failure which constitutes 10% to 20% of renal and cardiovascular failure. A prompt medical attention is required as a consequence of high mortality. Management comprises of prompt withdrawal of offending antipsychotic agent/neuroleptic drug after diagnosis, dopaminergic agonists are administered and supportive care is provided to the subject.

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