dokotela

CONNECTIONS

THE DOKOTELA DOCTORS' NEWSLETTER

July Edition 2020

IN THIS ISSUE :

MEDICAL COMPLICATIONS OF PSYCHIATRIC MEDICATIONS

Dr Zelko Mustac, Consultant and Addiction Psychiatrist, MBBS (Univ Syd) M Addict Behav (Monash), FRANZCP, Accredited by the Faculty of Addiction Psychiatry

What are the medical complications of commonly used psychiatric medications? How do I identify them? What is the common differential diagnosis?

The following scenarios are examples of situations you may experience - how to diagnose the problem and the most appropriate course of action.

Case 1

You see a patient who has been treated in a psychiatric hospital and commenced on antipsychotic medication. They were unwell so they increased the dose.

When they arrive at your practice, you notice that the patient is confused, perspiring and appears to be stiff when walking (but you don't notice any muscle rigidity on examination). The patient does not communicate with you, your best efforts to be charming only result in the patient remaining mute. You wonder if the patient has developed catatonia due to a worsening of his psychosis? Your colleague had seen the patient previously, you note that he has an elevated white cell count of 15,000/mm, you also note that he has an elevated creatine kinase level. His vitals show a fever, abnormal pulse and blood pressure. The remaining pathology screen was normal.
The differential diagnosis includes:

Symptoms	Pathophysiology
Akathisia - Internal sense of restlessness, inability to sit still "I feel like jumping out of my skin"	Nigrostiratal dopamine blockade
Parkinsonism - Cogwheel rigidity, masked facies, bradykinesia,micrographia, pill-rolling tremor.	Nigrostiratal dopamine blockade
Acute Dystonia - Presents with muscles spasm, acute torticollis, opisthotonos, oculogyric crisis	Nigrostiratal dopamine blockade
Dysphagia- Esophageal dysmotility, aspiration, choking weight loss	Nigrostiratal dopamine blockade or Muscarinic cholinergic receptor blockade
Neuroleptic Malignant Syndrome - 2nd generation anti-psychotics don't often cause muscle rigidity. The hallmark is delirium, instability of autonomic processes, elevated CK and WCC.	Nigrostiratal dopamine blockade

You recognise that the patient has neuroleptic malignant syndrome due to the autonomic instability, which is not a feature of the other conditions. Luckily, the pathology your colleague had done is also able to confirm your astute diagnosis.

What is your management?

1. Stop the anti-psychotic;
2. Add Benzodiazepines to calm him down; or
3. Call an Ambulance?

The answer is number three. Due to the inability to maintain autonomic functioning, without effective supportive treatment there is a risk of death.

Case 2

Your next patient the same day (it is a busy day!) is a patient who was on antipsychotic Abilify 10mg daily and after consultation with the DOKOTELA Psychiatrist the dose was increased to 30 mg daily because the psychosis was not well-controlled.

The patient now presents (1 week after the DOKOTELA appointment) as highly agitated and resisting your request for him to sit down. He is constantly moving. He demonstrates a great deal of psychomotor agitation and his blood pressure and pulse are elevated. However, he is fully oriented, he knows where he is and what is going on and he is very insistent that his symptoms became worse three days after the dose was increased.

What is your differential diagnosis?

- Agitated Catatonia due to worsening of his psychosis;
- Intoxication with an illicit stimulant such a crystal methamphetamine (he has a history of drug use)
- Serotonin Syndrome; or
- Akathisia?

You ask further questions regarding delusions and hallucinations, it appears that his psychosis is no different than it was previously. You enquire about use of illicit substances, he denies using any and you arrange for a urine drug screen and are able to get an instant result. On examination you don't find any spontaneous clonus, perspiration, hyperreflexia hypertonia or elevated temperature suggesting serotonergic syndrome. You conclude that the patient is suffering from akathisia due to the dose of the antipsychotic being increased.

What is the appropriate management in this situation? It depends (have 2 Psychiatrists and 3 opinions!).

If the patient is comfortable with the idea that they are having side-effects to the medication and they have relatives who are happy to monitor his well-being, it may be perfectly safe and reasonable to prescribe the patient some benzodiazepines (to calm their agitation and cease the offending antipsychotic medication) and arrange for a video consultation review within 24 hours. Often the syndrome will resolve within 24 hours.

On the other hand, if the degree of psychomotor agitation is severe the patient can become suicidal and they may need to be safely managed in an accident and emergency setting where they can be administered a large amount of benzodiazepine and observed for respiratory depression to ensure their safety.

That's all, folks! In the next newsletter, we will review some of the other complications of psychiatric medications that doctors need to be aware of.

NEW SPECIALISTS IN FOCUS

Dr Andrew Watt

General adult Psychiatrist. Dr Watt has qualifications in forensic Psychiatry and an interest in addictions, aged care and palliative care Psychiatry. Since completing his training he has worked in correctional centres, a drug and alcohol rehabilitation hospital and private practice.

Dr Candice Jensen

General adult Psychiatrist. Dr Jensen has a keen interest in the areas of Perinatal Psychiatry and general adult and youth (age 16+) assessment and management of: anxiety disorders including OCD, mood disorders including depression and bipolar disorder, personality disorders, psychotic disorders such as schizophrenia, PTSD as well as grief and loss.

Dr Louis Ereve

General Adult Psychiatrist with a particular interest in the management of early psychosis in youth and young people. Additionally, he has worked with mothers in perinatal psychiatry at the mother and baby unit at St John of God private hospital in Burwood NSW.

To book an appointment with one of our highly experienced Specialists, please contact our friendly Administration team on (02) 8003 7668. Alternatively, please fax your referral letter to (02) 8569 1844 and we will be in touch with your patient and your clinic to arrange the appointment.

OUR CREDIT CARD POLICY

At Dokotela we understand our patient and specialist's time is valuable. We ask that patients provide 24 hours notice for any cancellations or a cancellation fee of $100 (plus GST) may be charged. Patient credit card details will be taken at the time of booking and stored securely to encourage appointment attendance.