

“It’s Your Call” – Solution

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What can cause your patient to act this way?

It is easy to assume that because your patient has a mental disorder, that she could be having a psychotic episode of some sort. Stress from the holidays can induce such incidence making this line of thinking reasonable, however, psychiatric drug induced extrapyramidal adverse effects (Dystonia, Akathisia, Drug-induced Parkinsonism and Tardive Dyskinesia) from antipsychotic medications can present this way, and can be far more serious. Extrapyramidal effects are caused by anti-psychotic medications that have either been building up over long periods of time, or too much in a short period. This can occur in geriatric patients who have been taking the same medication for years, but have not had their dose adjusted in a while. It can also occur in patients that have just started taking the medication. Acquiring a thorough history from your patient is key. Another perception of the patients condition, could be that they are having a stroke. A run through the Cincinnati stroke test will help move this differential further up or down the list.

Akathisia- Motor restlessness, unable to sit still, can be confused for anxiousness

Dystonia- Muscle spasms of face, tongue, neck, jaw or back. Can cause hyperextension of trunk and neck, and back arching

Drug-Induced Parkinsonism- Shuffling gait, tremors, drooling

Tardive Dyskinesia- abnormal muscle movements around mouth, arms and legs; lip smacking and chewing

What dangers face your patient if her symptoms are not taken seriously?

Dystonia, Akathisia, and Drug-induced Parkinsonism (extrapyramidal effects), depending on the severity, can be easily managed once the patient can receive either alternate medication, or a dosage adjustment. However, there is no effective treatment for Tardive Dyskinesia (more severe extrapyramidal effects). Inaction could cause symptoms to be permanent.

What is your first concern for this patient?

Airway management. While it is a rare occurrence, laryngeal dystonia or dystonias of other musculature related to breathing can be life threatening.

How are you going to treat this patient?

BLS: Supportive care: This patient has no control over these muscular manifestations; this can be a very frightening not to mention extremely uncomfortable experience for them. Transport in a position of comfort. Supplemental oxygen as indicated in your standing orders.

ALS: BLS considerations. Should laryngeal dystonia occur, consult medical direction immediately.

Administer diphenhydramine (Benadryl) IV/IM. Consult your medical director, or check your standing orders for appropriate dose (dose for anaphylaxis applicable). Be careful with the administration of epinephrine; depending on the type of antipsychotic agent the patient is taking, combining it with epinephrine may cause severe hypotension. Consult medical direction if considering treating with epinephrine.

For more information regarding Neuroleptic Extrapyramidal Adverse Effects and/or other psychiatric emergencies you can go to APA sponsored: <http://ps.psychiatryonline.org/>

References:

1. Dalton, Limmer, Mistovich, Werman *Advanced Medical Life Support*. Brady: Upper Saddle River. 2007. p. 297.
2. Evelyn Salerno. *Pharmacology for Health Professionals*. Mosby. St. Louis Missouri. 1999. p. 222-223.
3. Kamin M.D. Manwani M.D. Article: *Extrapyramidal Side Effects in the Psychiatric Emergency Service*. *Psychiatric Services*. March 2000 Vol. 51 No. 3. p. 287-289