

## MALIGNANT NEUROLEPTIC SYNDROME IN THE USE OF ATYPICAL NEUROLEPTICS IN THE TREATMENT OF SCHIZOPHRENIA

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### Introduction

Neuroleptic malignant syndrome (NMS) as an adverse reaction to the use of atypical neuroleptics (AN) is present in 0.02 - 3 % of patients, being determined by age, sex, diagnosis and the group of atypical neuroleptics that were administered.

### Material and methods

The articles from the PubMed and MEDLINE database were selected and analyzed according to the keywords “neuroleptic malignant syndrome”, “atypical antipsychotic drugs”, “treatment of schizophrenia”.

### Conclusions

Thus, we can say that in terms of treatment with AN, the SNM rate is lower than with the use of typical neuroleptics or it may simply be a reflection of doctors' awareness and the follow-up of early treatment with more harmless and contemporary drugs.

### Keywords

neuroleptic malignant syndrome, atypical neuroleptics

### Purpose

Analysis and systematization of the adverse reactions (neuroleptic malignant syndrome) produced by atypical neuroleptics.

### Results

The pathophysiology of this adverse reaction is not fully elucidated, a hypothesis is the rapid blockade of D2 receptors in the CNS. NMS includes such symptoms as: instability, extrapyramidal disorders, hyperpyrexia, and altered mental state. When using AN as clozapine, risperidone, olanzapine and quetiapine SNM occurred on average on the 14th day. Thus, on the background of the treatment with clozapine SNM was manifested in 30%, in the administration of risperidone in 38%, in the administration of olanzapine in 27%, and quetiapine in 5% of cases.

Figure 1. SNM Reaction

