MEDICINE TREATMENT

Acute dystonic reaction

Children

- Anticholinergic, e.g.:
- Biperiden, IM/slow IV, 0.05–0.1 mg/kg to a maximum of:
  - 1–6 years: 1–2 mg immediately
  - 7–10 years: 3 mg immediately
  - > 10 years: 5 mg immediately

LoE:IVb[7]

OR

- Promethazine, IM, 0.125–0.5 mg/kg to a maximum of:
  - 5–10 years: 12.5 mg immediately
  - 10–16 years: 25 mg immediately

LoE:Ivb[8]

Adults

- Anticholinergic, e.g.:
- Biperiden, IM, 2.5 mg immediately.
  - May be repeated every 30 minutes.
  - Maximum of 3 doses within 24 hours.

LoE:Ivb[9]

OR

- Promethazine, IM, 50 mg immediately.

Drug-induced parkinsonism

- Anticholinergic, e.g.:
- Orphenadrine, oral, 50 mg 8 hourly, whilst awaiting review.

LoE:Ivb[10]

REFERRAL

» Refer all children urgently.
» All patients for review of psychotropic medication.

16.2.2 NEUROLEPTIC MALIGNANT SYNDROME

G21.0 + (T43.0-6/T43.8-9)

DESCRIPTION

» Neuroleptic malignant syndrome (NMS) is a rare but potentially fatal syndrome characterised by a tetrad of fever, muscle rigidity, altered mental state, and autonomic dysfunction.
» An altered mental state with confusion, delirium, or stupor may precede other clinical signs of NMS.
» Suspect if there is a history of exposure to an antipsychotic, fever and sweating, muscle rigidity, and elevated or fluctuating blood pressure.
» Most common after initiation or increase in dose of haloperidol, risperidone, or injectable antipsychotic, but may occur with any antipsychotic at any dose.

LoE:IVb[11]

» Combinations of antipsychotics with SSRIs or lithium may increase the risk.
» Agitation, dehydration, exhaustion, and iron deficiency increase the risk of NMS.
» Other causes of fever must be investigated and treated.

GENERAL MEASURES

Stop all antipsychotics.
Cool patient and hydrate adequately.

REFERRAL

» All patients for urgent medical admission and psychiatric review

16.3 ANXIETY DISORDERS

F40.0-2/F40.8-9/F41.0-3/F41.8-9/F42.0-2 + (F10.0-F19.9/R42/R45.0-8/Z65.0-5/Z65.8-9/Z81.0-4/Z81.8)

DESCRIPTION

Anxiety is an emotional response to an apparent stress. It is diagnosed as a disorder when it is excessive or persistent and impacts daily functioning.
Anxiety disorders are associated with an increase in cigarette smoking, alcohol use, and various medical illnesses.
Anxiety may present in various forms:

» **Physical symptoms:** anxiety may present with medically unexplained symptoms like muscle tension, headache, abdominal cramps, nausea, palpitations, sweating, a choking feeling, shortness of breath, chest pain (non-cardiac), dizziness, numbness, and tingling of the hands and feet.
  - *Panic attacks* are abrupt surges of intense anxiety with prominent physical symptoms. They may occur in anxiety, mood, psychotic, or substance use disorders, and are a marker of increased severity.

» **Psychological symptoms**: panicky feelings, excessive worry, mood changes, irritability, tearfulness, distress, and difficulty concentrating.
  - *Phobias* are diagnosed when the anxiety is caused by a specific situation or object, e.g. social phobia is the fear of social interactions. Thoughts are of negative evaluation by others and usually start in adolescence. Self-medication with alcohol or other substances before and during a social event is common. Substance misuse may be the presenting feature.
  - *Obsessive thoughts and/or compulsive behaviours* are a core feature of Obsessive Compulsive Disorder but may also occur in other anxiety, mood, developmental, and psychotic disorders.
  - *In people with intellectual disability*, anxiety may present with aggression, agitation, and demanding behaviour.

GENERAL MEASURES

» Assess severity of the condition.
» Maintain an empathic and concerned attitude.
» Exclude underlying medical conditions and optimise treatment for comorbid medical conditions (e.g. heart disease, hypertension, COPD, asthma, GORD, inflammatory bowel disease, thyroid disease, epilepsy).
» Screen for, and manage, underlying or co-morbid substance use, e.g. nicotine, alcohol, over the counter analgesics, benzodiazepines.