P-1232 - HYPERTHERMIC CATATONIA AND ELECTROCONVULSIVE THERAPY: ANALYSIS OF A SUCCESSFUL CASE

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Hyperthermic Catatonia or Neuroleptic Malignant Syndrome (NMS) is a rare idiosyncratic reaction to antipsychotic medication. It has a lifelong incidence rate of 0,2% among patients medicated with these drugs. This Syndrome's incidence is more common with the administration of first-generation antipsychotics, namely Haloperidol. Nevertheless, a few cases have been described in patients taking second-generation antipsychotics like Clozapine, Risperidone, Olanzapine and Quetiapine. NMS is characterized by symptoms like muscular rigidity, hyperthermia, altered conscious level, autonomic instability, raised levels of creatine phosphokinase and myoglobinuria. Risk factors include rapid dose escalation (especially with first-generation antipsychotics), parenteral administration and previous cerebral disease.
Regarding NMS, early diagnosis and treatment are of paramount importance, for this syndrome that is a psychiatric emergency and may be fatal if left untreated. The discontinuation of antipsychotic therapy is of the utmost importance, alongside with support therapy to address such issues as severe dehydration or rhabdomyolysis, among others. Drugs like Bromocriptine and Dantrolene are commonly utilized, despite conflicting evidence regarding their efficacy. Electroconvulsive therapy (ECT) may also be of importance in such patients.
We present a case report of a male, 30 year old patient diagnosed with Schizophrenia (Hebefrenic Subtype) who, after being treated with high doses of Haloperidol, developed Hiperthermic Catatonia. This patient was henceforth successfully treated with ECT. This work aims to emphasize the crucial role of ECT in the management of NMS.

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