

Serotonin Syndrome

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Presentation

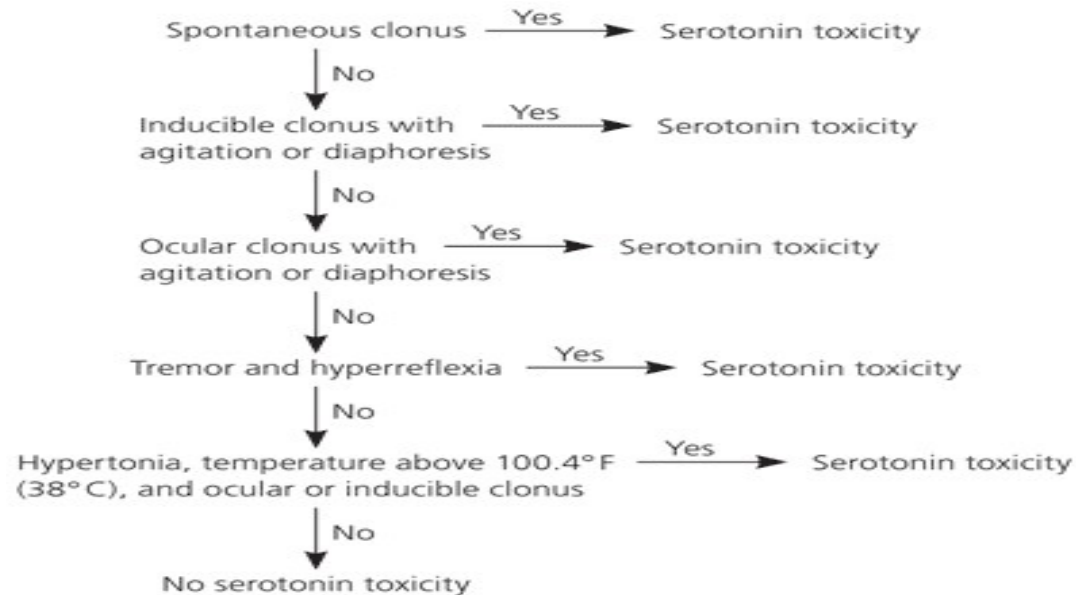
- Autonomic Irregularities
 - Diaphoresis, Diarrhea, Episodic Hypertension, Mydriasis, Fever
- Neuromuscular Excitability
 - Hyperreflexia, Hypertonia, Tremors, Clonus
- Altered Mental Status
 - Agitation, Anxiety

Pathophysiology and Risk Factors

- Excessive serotonin accumulation causing stimulation of 5-HT1A and 5-HT2A receptors
- Addition of new Serotonergic medication on a chronic Serotonergic medication use
- Interaction of different serotonergic antidepressants with themselves or with opioids, antimigraine medication, certain antiemetics and certain herbal supplements
- Most common antidepressants involved are common SSRI like Zoloft, Paxil, Celexa and Prozac

Diagnostic Criteria

- Diagnosis is entirely clinic; proper history and physical examination is required
- Severe cases usually diagnosed by Hunter's Criteria



Differential Diagnosis

1. Neuroleptic Malignant Syndrome
2. Malignant Hyperthermia
3. Anticholinergic Toxicity

Treatment and Prognosis

- First line treatment is removal of causative medication
- Supportive treatment to control fever, agitation and anxiety
- Benzodiazepines are used to sedate patients in severe cases
- Cyproheptadine, an antidotal medication is used in refractory cases
- Prognosis is favorable if SS is recognized early and treatment started immediately
- Prognosis also favorable in SSRI use as compared to MAOI use.