

Management of Serotonin Syndrome and NMS

Symptoms	Management
Mild: Mild hypertension, tachycardia, diaphoresis, mydriasis, tremor, myoclonus, hyperreflexia	<ul style="list-style-type: none"> • Discontinue all offending medications • Support via stabilizing vital signs, external cooling measures • Benzodiazepines
Moderate: Above plus temperature of > 40°C, moderate hypertension, spontaneous clonus or moderate rigidity, agitation	<ul style="list-style-type: none"> • All of the above • Higher and more frequent dosing of benzodiazepines or continuous infusion • For serotonin syndrome: Cyproheptadine 12 mg followed by 2 mg q2 hours until improvement, then 8 mg q6 hours maintenance • For NMS: Bromocriptine 10 mg oral or NGT, every 6 hours; dantrolene for patients with severe muscle rigidity, 3–5 mg/kg IV divided TID, or orally at 100–400 mg/day QID (avoid if underlying liver disease); bromocriptine or dantrolene should be continued for 10 days beyond symptom resolution
Severe: Above plus delirium, severe muscle rigidity, severe hypertension/tachycardia; failure to respond to interventions	<ul style="list-style-type: none"> • All of the above • Admission to the intensive care unit • Pharmacologic paralytics; intubation/ventilation

Source: Tormoehlen LM and Rusyniak DE, *Handb Clin Neurol* 2018;157:663–675;
Volpi-Abadie J et al, *Ochsner J* 2013;13(4):533–540

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with Laura Tormoehlen, MD

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