

# Treatment of moderate neuroleptic malignant syndrome

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## Letter to the Editor

Dear Editor,

I read with interest the case presented by Petrone *et al.* published in your journal.<sup>1</sup> The authors reported moderate to severe neuroleptic malignant syndrome (NMS) in a 63-year-old woman with depression after the administration of low-dose aripiprazole for 12 days in addition to her previous treatment. However, I have some concerns about the management of NMS in this patient. They stopped all the patient's medications and gave her only intravenous hydration for the management of NMS. After 12 days, the clinical condition of their patient showed improvement. It should be mentioned that the treatment algorithm for NMS proposed by Woodbury<sup>2</sup> suggests that in moderate NMS cases first-line interventions may include the administration of lorazepam, bromocriptine, or amantadine, as well as the discontinuation of the antipsychotic medications and supportive therapy. If moderate NMS was diagnosed, why were the above-mentioned drugs not considered for this patient? It seems that these drugs are associated with faster recovery compared with supportive treatment alone.<sup>3</sup> Also, there is a published report of a patient with moderate NMS who has shown rapid response to intravenous valproate.<sup>4</sup> What do the authors think about these treatment options that have not been considered in this case?

## References

1. Petrone A, Quartieri M, Falcone C, et al. Low dosage of aripiprazole induced neuroleptic malignant syndrome after interaction with other neuroleptic drugs. *Ital J Med* 2013;7:206-8.
2. Woodbury MM, Woodbury MA. Neuroleptic-induced catatonia as a stage in the progression toward neuroleptic malignant syndrome. *J Am Acad Child Adolesc Psychiatry* 1992;31:1161-4.
3. Strawn JR, Keck Jr PE, Caroff SN. Neuroleptic malignant syndrome. *Am J Psychiatry* 2007;164:870-6.
4. Trollor JN, Chen X, Sachdev PS. Neuroleptic malignant syndrome associated with atypical antipsychotic drugs. *CNS Drugs* 2009;23:477-92.

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