

Lightning Learning: Serotonin Syndrome



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STOP!

Serotonin syndrome (SS) also known as Serotonin Toxicity is a potentially lifethreatening drug-induced condition caused by increased serotonergic activity in the brain's synaptic clefts.*

COMMON DRUGS CAUSING SS

- Antidepressants: e.g. SSRI, SNRI, TCA, MAOI
- Analgesics: e.g. Tramadol, OTC preparations
- Antiemetics: e.g. Ondansetron, Metoclopramide
- Recreational: e.g. Cocaine, MDMA

THE TRIAD OF SS

- 1. Altered mental status: e.g. Agitation, Confusion, Decreased GCS
- 2. Autonomic hyperactivity: e.g. Tachycardia, Fever and Flushing, Dry mucous membranes, hyper or **Hypotension**
- 3. Neuromuscular abnormality: e.g. Tremor, Hyperreflexia, Myoclonus, Shivering

LOOK

In patients presenting in the context of an increased dose, overdose or suspected drug interaction involving any serotonergic agent, serotonin syndrome is likely if any of the following are found:

- Spontaneous clonus
- Tremor WITH hyperreflexia
- Ocular or inducible clonus AND agitation, sweating or hypertonia WITH fever

THINK OF OTHER DIFFERENTIALS

- 1. Other toxidromes e.g. Anticholinergic toxicity
- 2. Sepsis
- 3. Hyperthermia syndromes e.g. Neuroleptic malignant syndrome, Malignant hyperthermia
- 4. Thyrotoxicosis

THERE IS A RISK OF DEATH DUE TO HYPERPYREXIA CAUSING **MULTIORGAN FAILURE**

LEARN

MANAGEMENT**

- 1. Consult **TOXBASE**
- 2. Stop all serotonergic agents
- 3. Monitor vital signs, cardiac monitor
- 5HT 1a 5HT 2a Agonism Kloss & Bruce http://bit.lv/389xaVF
- 4. 12-lead ECG
- 5. Bloods: e.g. VBG, FBC, U&E, LFT, Coag, CK
- 6. Supportive treatments: e.g. IV fluids
- 7. Agitation: consider Benzodiazepines, e.g. Diazepam or Midazolam
- 8. Hyperthermia: e.g. fan, ice packs

REMEMBER! The differential diagnosis for agitation, e.g. Hypoxia, Hypoglycaemia. In severe cases of SS consider the use of Cyproheptadine and Chlorpromazine as per TOXBASE. Most mild cases of SS resolve within 24 hours.

REFERENCES

- * http://bit.ly/2S7Uu0t (Patient.Info)
- ** http://bit.ly/2H53m0I (TOXBASE)

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