



Serotonin Syndrome

Dr. Ritchie Gupta
Addiction Medicine Advanced Trainee
Department of Addiction Medicine

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

Definition





Serotonin Syndrome is:

collection of symptoms caused by elevated CNS serotonin levels typically caused by medications

combination of medications

medications and non-prescribed substance(s)

recently started or increased doses of serotonergic drugs

herbal supplements



Diagnosis

Clinical diagnosis – detailed history, onset (<24 hours), quick resolution

DDx -

NMS - > 24 hour onset, bradyreflexia, slow resolution

Anticholinergic toxicity - hyperthermia, agitation, mydriasis, dry membranes, urinary retention, normal reflexes





Cognitive:

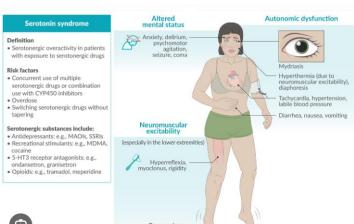
- headache, agitation, hypomania, confusion, hallucinations, coma

Autonomic:

- shivering, sweating, hyperthermia, vasoconstriction, tachycardia, nausea, diarrhoea

Somatic:

- myoclonus, hyperreflexia (clonus), tremor, seizure





A non-exhaustive list



Increase serotonin release

cocaine, amphetamine, MDMA, mirtazapine

Impair serotonin release

tramadol, SNRI, SSRI, TCAs, ondansetron, bupropion

Increase sensitivity of receptors
lithium









Common situations

- Antidepressant + migraine medication
- Antidepressant + opioid
- Intentional OD

One drug may be enough.....



Management

Treating serotonin syndrome is primarily done by recognising the symptoms and treating quickly.

- 1. Cease all serotonin affecting medications immediately
- 2. Supportive care
- 3. If autonomically unstable (hypertensive, tachycardic) esmolol
- 4. Consider benzodiazepines if there is evidence of clonus
- 5. Consider the use of serotonin antagonists such as cyproheptadine
- 6. HDU/ICU in severe cases

ST VINCENT'S HEALTH AUSTRALIA

Prognosis

• Most patients with moderate to severe symptoms need admission

Most cases resolve within 24 hours

Favourable prognosis once offending medication ceased



Questions or Comments?

Department of Addiction Medicine SVHM