

2020 UNTHSC Conclave Resident Poster Session Form

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Fill in the following information

*Please be sure to include all relevant information and titles of all associated participants

Main Contact:

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Catagory: Clinical Research Educational Research Case Report

Email: Bryce.Warr@thcs.org

Include main contact email to receive information about Conclave and the Poster session

Additional Authors: *(add additional page if needed)*

Bryce Warr, DO (main contact, field above does not allow editing)

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2. On the Next Page:

Fill in all of the information for your abstract on the following page.

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Serotonin Syndrome as a Result of Combining SSRI and a Common Anti-Tussive in Adult Woman

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BACKGROUND/INTRODUCTION:

Serotonin syndrome – a combination of autonomic hyperactivity, hemodynamic changes, neuromuscular derangements, and changes in mental status – often goes unrecognized. Serotonin syndrome requires a thorough history physical exam and laboratory findings to diagnose. Combinations of serotonergic medications or supratherapeutic doses of these medications is theorized to be the leading cause. However, while serotonin toxicity is a recognized cause of drug-induced altered mental status, data is limited on the prevalence, etiology or treatment. We present a case highlighting the need to recognize possible adverse drug effects of commonly prescribed SSRIs especially in combination with over-the-counter (OTC) anti-tussives.

METHODOLOGY:

An adult female developed serotonin syndrome following co-administration of dextromethorphan and sertraline. The patient was a 29 year old woman with a history of depression and post-traumatic stress disorder as a Navy veteran. She was admitted to the hospital for agitation, tachycardia and myoclonus. The patient had a history of Coricidin (chlorpheniramine/dextromethorphan) abuse and was prescribed Sertraline, at normal dosage, for depression. Two weeks prior to her hospital presentation, her dose of sertraline was increased (normal dosing). At presentation in the emergency room, a complete blood count and comprehensive metabolic panel were grossly normal. A urinalysis was negative, a urine toxicology screen was positive for PCP and a creatinine kinase was elevated at 667 IU/L. She was diagnosed with serotonin syndrome and rhabdomyolysis as a result of combination of SSRI and dextromethorphan. After receiving IV fluids and IV Lorazepam in the emergency room, dextromethorphan and sertraline were discontinued resulting in the resolution of her rhabdomyolysis, clonus and tachycardia following additional IV fluids.

RESULTS:

Recognition of the possible serotonergic effects of high doses of dextromethorphan enabled the patient to be appropriately diagnosed and treated.

CONCLUSION/DISCUSSION:

This case presents a rarely reported effect of serotonin syndrome resulting from combination of medications commonly prescribed. A PubMed literature search yielded only three other cases reported similar to this one. Clinicians should recognize that OTC antitussives such as dextromethorphan – which contains pro-serotonergic properties when taken in excess – in combination with normal therapeutic doses of selective serotonin reuptake inhibitors such as sertraline, can result in serotonin syndrome. Furthermore, this case emphasizes the need for appropriate counseling for patients when prescribed serotonergic medications should include caution with coadministration of OTC medications. Lastly, prescribers need to be aware of any and all medications including over-the-counter products and any concern for abuse.

REFERENCES:

1. Dy P, Arcega V, Ghali W, et al. Serotonin syndrome caused by drug to drug interaction between escitalopram and dextromethorphan. *BMJ Case Rep.* 2017. doi: 10.1136/bcr-2017-221486.
2. Moss MJ, Hendrickson RG. Serotonin Toxicity. *Journal of Clinical Psychopharmacology.* 2019;39(6):628–633.
3. Schwartz, Anna R. Dextromethorphan-Induced Serotonin Syndrome. *Clinical Toxicology Philadelphia, Pa.* 2008;46 (8): 771-773.
4. Sethi R, Bablinger A, Kavuru B. Serotonin Syndrome in a Sertraline-Treated Man Taking NyQuil Containing Dextromethorphan for Cold. *Prim Care Companion CNS Disord.* 2012; 14(6): doi: 10.4088/PCC.12l01388.

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Only this page will be included in the printed proceedings and judging packets.

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