

**CASE REPORT ON NEUROLEPTIC MALIGNANT  
SYNDROME CAUSED BY OLANZAPINE**

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**ABSTRACT:**

This is a case of 21 year old male who was treated for bipolar affective disorder since 3 years with multiple episodes of mania, each lasting for about 3 weeks, after which he recovered spontaneously. During his last episode of mania, he was prescribed olanzapine 10 mg/day, aripiprazole 15 mg BD, and sertraline 100 mg/day. After 1 week, the patient reported tremors, when aripiprazole was stopped, and olanzapine was increased to 20 mg/day along with sertraline 100 mg/day. The patient reported increase in tremors after two days and developed rigidity in the following week in the limbs, then he stopped all medications and presented with altered consciousness and no responsiveness to questions or commands. He had high grade fever associated with sweating and fluctuation of blood pressure. Patient was catheterized along with IV fluids, bromocriptine 7.5 mg/day in divided doses, later increased to 15 mg/day with tab lorazepam 4 mg/day. Levodopa 125 mg three times a day was added later. The patient showed marked improvement over the next two weeks. He was discharged with an advice to continue levodopa 125 mg TID, bromocriptine 5 mg/day and lorazepam 2 mg/day. A rapid loading of antipsychotics is considered to be the causal factor in the development of NMS by causing a sudden and massive down-regulation of dopaminergic transmission. NMS remains a dangerous condition and has also been described in non-psychiatric settings. It is often unrecognised, under diagnosed or inappropriately treated. A better understanding of this syndrome would be helpful in reducing its fatalities.

**KEYWORDS-** Neuroleptic malignant syndrome, adverse event, Olanzapine

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