

QUESTIONS ON THE PRESENTATION

“Death by Antipsychotics: Case 1” (2-12-16)

Please select the single best choice.

1. You are studying pharmacokinetic mechanisms when you investigate anticholinergic effects on brain muscarinic receptors to understand pharmacological mechanisms associated with antipsychotic-induced acute dystonic reaction prophylaxis.
 - A. True
 - B. False
2. A nurse calls you urgently from a unit saying a patient is having difficulty breathing. He received an antipsychotic injection a few hours ago:
 - A. You consider an acute dystonic reaction in the differential diagnosis.
 - B. You need to ask her to get an injection of an anticholinergic ready and run to the unit.
 - C. A stridor suggesting upper airway obstruction in absence of aspiration is suggestive of a laryngeal acute dystonic reaction.
 - D. All of the above are correct.
3. After arriving, you verified it is a laryngeal acute dystonic reaction. Important treatment facts include:
 - A. The intravenous route is faster than the intramuscular route.
 - B. Benztropine may work faster than diphenhydramine.
 - C. Quick decisions are important to save this patient’s life.
 - D. All of the above are correct.
4. Second-generation compounds never cause acute dystonic reactions.
 - A. True
 - B. False
5. Administering an anticholinergic with intramuscular haloperidol decreases the risk of acute dystonias.
 - A. True
 - B. False

6. Acute dystonic reactions:
- A. Usually happen within 24-48 hours of starting an antipsychotic.
 - B. Can happen after dose increases.
 - C. Can show an intermittent course and be worsened by stress.
 - D. All of the above are correct.
7. Regarding location of acute dystonic reactions with first-generation antipsychotics:
- A. They frequently occur in the head or neck in adults.
 - B. They frequently occur in axial or limb muscles in children.
 - C. They can occur in the tongue muscles.
 - D. All of the above are correct.
8. Regarding acute dystonic reactions and first-generation antipsychotics:
- A. Haloperidol and other high potency compounds are most likely to cause them.
 - B. Young males are especially prone to acute dystonic reactions.
 - C. Anticholinergic prophylaxis substantially decreases risk but does not guarantee absence.
 - D. All of the above are correct.
9. Regarding acute dystonic reactions and second-generation antipsychotics:
- A. Quetiapine is a bad choice for a patient with history of acute dystonic reactions.
 - B. Risperidone without anticholinergics is a good choice for a patient with history of acute dystonic reactions.
 - C. Studies provide good information about the risk factors.
 - D. None of the above is correct.
10. After treating an acute dystonic reaction with a parenteral anticholinergic, it is a good idea to cover the patient with an oral anticholinergic for 2-3 days even if the antipsychotic has been discontinued.
- A. True
 - B. False