NMS is a potentially fatal symptom complex, sometimes referred to as Neuroleptic Malignant Syndrome (NMS). It has been reported in association with antipsychotic drugs.

Clinical manifestations of NMS are hyperpyrexia, muscle rigidity, altered mental status and evidence of autonomic instability (irregular pulse or blood pressure, tachycardia, diaphoresis, and cardiac dysrhythmias).

The diagnostic evaluation of patients with this syndrome is complicated. In arriving at a diagnosis, it is important to identify cases where the clinical picture is dominated by serious medical conditions (f.e., pneumonia, systemic infection, etc.) and untreated or inadequately treated extrapyramidal symptoms and signs (EPS). Other important considerations in the differential diagnosis include central anticholinergic toxicity, heat stroke, drug fever and primary central nervous system (CNS) infection.

The management of NMS should include 1) immediate discontinuation of antipsychotic drugs and any other drugs not essential for the treatment of the patient with dementia-related psychosis (see WARNINGS).

Antipsychotic drug therapy should generally be reserved for patients who suffer from a chronic syndrome is unknown.

Antipsychotic treatment itself, however, may suppress (or partially suppress) the signs and symptoms of EPS. Both the risk of developing the syndrome and the likelihood that it will become irreversible are increased risk for development of tardive dyskinesia. Although the prevalence of the syndrome appears to be highest among the elderly, especially elderly women, it is impossible to rely upon prevalence estimates to predict, at the inception of antipsychotic treatment, which patients are likely to develop the syndrome. Whether antipsychotic drug treatment in a particular patient would cause tardive dyskinesia is unknown.

The possible triggering of new, previously undiagnosed essential hypertension should be considered. In patients treated for a number of medical conditions requiring the use of antihypertensive drugs, the initial dosage of antihypertensive agents should be determined carefully and the patient should be carefully monitored, since recurrences of NMS have been reported.

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phenothiazines. In some cases the death was apparently due to cardiac arrest; in others, postural hypotension, tachycardia (especially with sudden marked increase in dosage), cardiovascular collapse, and death. It is of particular concern in psychiatric patients, who may fail to inform patients and/or their guardians must obviously take into account the clinical complications and death. It is of particular concern in psychiatric patients, who may fail to inform patients and/or their guardians must obviously take into account the clinical

**Cardiovascular Effects**

Agranulocytosis (including fatal cases) has also been reported. Possible risk factors for the sudden appearance of sore throat or signs of infection. If white blood cell and differential cell counts show significant cellular depression, discontinue the drug and start treatment of the condition.

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**Class effect:**

headache; nausea; tremor; photosensitivity; dysphoria; anxiety; restlessness; drowsiness; weakness.

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**Side effects**

The primar y effects of medical concern are cardiac in origin including tachycardia, ventricular dysrhythmias, and blood dyscrasias) are less frequently seen.

**Stridor**

Stridor is a noisy inspiratory and expiratory respiratory sound.