

QUESTIONS ON THE PRESENTATION

“Acute Dystonic Reactions Case 2 Drug-Drug Interaction” (2-12-16)

Please select the single best choice.

1. 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 prepare an anticholinergic injection, and run to the unit.
 - C. A stridor suggesting upper airway obstruction in absence of aspiration or other sign of an allergic reaction indicates a laryngeal acute dystonic reaction.
 - D. All of the above are correct.

2. After arriving, you verify 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.

3. In vitro studies indicate that lithium may decrease dopaminergic function in the striatum and explain why lithium increases antipsychotic-induced extrapyramidal symptoms. This is a pharmacokinetic mechanism.
 - A. True
 - B. False

4. An overdose with second-generation antipsychotics can include an acute dystonic reaction.
 - A. True
 - B. False

5. Lithium is likely to cause pharmacokinetic drug-drug interactions with antipsychotics.
 - A. True
 - B. False

6. If you want to administer intramuscular (IM) haloperidol:
- A. Simultaneously administering an anticholinergic parenterally is a good safety precaution.
 - B. Asking the patient about prior history of acute dystonic reactions is a good idea.
 - C. You need to remember IM haloperidol has more risk of acute dystonic reactions than IM second-generation antipsychotics.
 - D. All of the above are correct.
7. Acute dystonic reactions:
- A. Usually happen in the second week after starting an antipsychotic.
 - B. Occur more frequently after dose decreases of antipsychotics.
 - C. Always have a stable course and are not worsened by stress.
 - D. None of the above are correct.
8. Regarding acute dystonic reactions and second-generation antipsychotics:
- A. Quetiapine is a good choice for a patient with history of acute dystonic reactions.
 - B. If you decide to prescribe risperidone for a patient with history of acute dystonic reactions, you should probably co-prescribe an anticholinergic that can be slowly tapered in a few weeks.
 - C. Acute dystonic reactions can occur with overdoses of second-generation antipsychotics.
 - D. All of the above are correct.
9. A patient is taking paliperidone and benztropine with no clear indication. You stop both medications.
- A. Stopping the benztropine at the same time as paliperidone was a good decision.
 - B. In 2 days, the patient complains that his mouth goes to the side. You rule out an acute dystonic reaction, since they only happen with antipsychotic initiation or dose increases.
 - C. Benztropine will be eliminated from the body faster than paliperidone.
 - D. None of the above are correct.
10. After using an IM anticholinergic for acute dystonic reaction, you do not need to worry about relapses.
- A. True
 - B. False