**Introduction:** Neuroleptic malignant syndrome (NMS) may be a life-threatening neurologic crisis primarily emerging as an idiosyncratic reaction to antipsychotic agent use, and characterized by a particular clinical syndrome of mental status alter, rigidity, fever and dysautonomia. Mortality results straightforwardly from the dysautonomic manifestations of the disease and from systemic complications.

**Objectives:** To describe an unusual clinical case in order to determine the management regarding medication and electroconvulsive therapy (ECT), and provide an overview of NMS for the general practitioner with the most up-to-date information on etiology, workup, and management.

**Methods:** We report a case involving a 55-year-old man with paranoid schizophrenia disorder who presented with hyperthermia, hemodynamic instability, miosis, muscular rigidity, urinary incontinence, catatonic signs and mutism after combining several antipsychotics at the same time: long-acting injectable form of paliperidone, aripiprazol and haloperidol.

**Results:** Guidelines for specific medical treatments in NMS are based upon case reports and clinical experience. Generally used agents are dantrolene, bromocriptine, and amantadine. A conceivable approach is to start with benzdiazepines along with dantrolene in moderate or severe cases, followed by the addition of bromocriptine or amantadine. ECT is generally reserved for patients not responding to other treatments.

**Conclusions:** NMS is an uncommon adverse drug reaction, with a multifactor pathophysiology and manifestation. Early diagnosis and interruption of antipsychotic therapy is the first-line treatment, followed by supportive care and pharmacotherapy. ECT is an effective treatment when supportive treatment together with pharmacotherapy fails. It could be considered first line in severe life-threatening situations. It is advisable to consider maintenance ECT due to the high risk of relapse.

**Disclosure:** No significant relationships.

**Keywords:** antipsychotic; Syndrome; malignant; neuroleptic

---

**EPV0726**

**Mutism. What to expect?**


**Methods:** Retrospective observational study on a Psychiatric Emergency department, including patients aged 18 to 60 years, both genders, under continuous treatment for at least 5 months with Haloperidol for any psychiatric illness, divided into 3 groups of genders, under continuous treatment for at least 5 months with Haloperidol decanoate and oral haloperidol (HDLAI) with oral haloperidol (OH), as well as the combined use of both formulations (HDLAI + OH).

**Objectives:** To verify whether HDLAI reduces the number of emergency visits and hospitalizations when compared to oral OH, or in combination therapy HDLAI + OH.

**Methods:** Review of scientific literature based on a relevant observation and after a neurological evaluation. Published studies show neurological disorders presenting with mutism can be misdiagnosed as psychiatric.

**Disclosure:** No significant relationships.

**Keywords:** Catatonia; mutism; emergency room

---

**EPV0729**

**Comparison between haloperidol decanoate and oral haloperidol on seeking psychiatric emergency care**

L. Osaku*, G. Salvadori and M. Porcu

Maringá State University, Medicine, Maringa, Brazil

*Corresponding author.

**Methods:** Retrospective observational study on a Psychiatric Emergency department, including patients aged 18 to 60 years, both genders, under continuous treatment for at least 5 months with Haloperidol for any psychiatric illness, divided into 3 groups of patients (HDLAI, OH, HDLAI + OH). Dependent variables: visits and admissions. Independent variables: sex and age. Data were checked for normality (Kolmogorov-Smirnov test) and homoscedasticity (Bartlett test). For comparison of average number of visits and hospitalizations of patients Kruskal-Wallis test followed by Dunn’s multiple comparison test was used. It was considered statistically significant if \( p < 0.05 \). This study was approved by the Ethics Committee of Maringá State University.

**Disclosure:** No significant relationships.

**Keywords:** antipsychotic; Syndrome; malignant; neuroleptic