

## Letters

### SEROTONIN TOXICITY AND 5-HT<sub>2A</sub> RECEPTORS

I have some thoughts concerning the article by Harvey Sternbach, MD, on serotonin syndrome (CURRENT PSYCHIATRY, May 2003, p. 14-24).

Greater emphasis on the 5-HT<sub>2A</sub> receptor—both in research and treatment—is justified.<sup>1</sup> The most recent evidence, which Dr. Sternbach may not have seen at press time, indicates that severe (life-threatening) cases of serotonin toxicity may benefit from 5-HT<sub>2A</sub> blockers, such as cyproheptadine or chlorpromazine, rather than propranolol.<sup>2,3</sup>

Based on recent data, it is difficult to confuse neuroleptic malignant syndrome with serotonin toxicity. Thus, administering chlorpromazine in severe cases is rarely a clinical problem.<sup>2,4</sup> In one clinical trial, some 80 patients with moderately severe serotonin toxicity were safely and successfully treated with chlorpromazine or cyproheptadine.<sup>2</sup>

Recent animal studies have also demonstrated the efficacy of 5-HT<sub>2A</sub> blockers, but not of propranolol.<sup>5,6</sup>

Knowledge of serotonin toxicity, or serotonin syndrome, has become increasingly important in psychiatry. Readers wishing to remain current should check out a just-published study<sup>4</sup> from the toxicology research group led by Ian Whyte, MBBS. The group's data, from an analysis of 2,222 cases of serotonergic drug poisoning, increase our understanding of serotonin toxicity. Other data presented by Whyte and colleagues<sup>3,4</sup> are summarized on my PsychoTropical Research Web site ([www.psychotropical.com/SerotoninToxicity.doc](http://www.psychotropical.com/SerotoninToxicity.doc));



some are available by searching PubMed.

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#### References

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### STAYING 'CURRENT'

CURRENT PSYCHIATRY is germane and easy to read. The articles offer the insight and depth many professional publications lack.

I was impressed by Dr. Erik Nelson's and Dr. Susan McElroy's article on atypical depression (April 2003, p. 12-19) and your update on atypical antipsychotics (March 2003, p. 49-62).

You and your staff should be proud of the work you do. We in the field need to stay current, and your publication is by far the best way to do it. Keep up the great work.

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