Current Psychiatry

Typicals vs atypicals

"Corticosteroid psychosis: Stop therapy or add psychotropics?" (Med/Psych Update, Current Psychiatry, January 2010, p. 61-69) provided excellent information, especially for consultation-liaison psychiatrists. I understand studies have been funded to show efficacy for atypicals, but can the authors point to studies that show efficacy for perphenazine, haloperidol, or other typical antipsychotics? My guess is that typicals and atypicals essentially are equivalent in acute corticosteroid-induced mania.

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The authors respond

Dr. Yilmaz is correct that typical antipsychotics would be useful for off-label treatment of corticosteroid-induced psychosis. Three publications provide further detail about using these medications for corticosteroid psychosis. A case series by Wada et al[1] and a case report by Ahmad and Rasul[2] report on the efficacy of low-dose—1 mg/d to 4 mg/d—for patients who developed acute psychosis following initiation of a corticosteroid. These patients showed a rapid and marked improvement with haloperidol. A brief report by Bloch et al[3] describes a patient prophylactically treated with chlorpromazine, 150 mg, before receiving high-dose methylprednisone. The patient did not exhibit any psychiatric symptoms but did develop hypomania when chlorpromazine was stopped, which resolved with medication rechallenge. We did not find any case reports on perphenazine.

References

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