

Please be aware of the following issues on a couple pieces of information in this video series:

1. Lecture #4: Antipsychotics: Dantrolene use in treating NMS

Video states that Dantrolene is used in treating NMS. From how this is stated it sounds as though dantrolene is an accepted, maybe the accepted treatment of NMS.

This piece of information needs some additional context. There is no consensus on using one specific medication treatment as the treatment for NMS. There are a number of medications, including dantrolene, that may be used when attempting to treat NMS. However, this recommendation on medication use is based upon case reports and clinical experience no on any clinical trial.

Reference: Up to Date: Neuroleptic Malignant Syndrome, Specific Treatments, Medical Therapy

2. Lecture #4 Antipsychotics: Tardive Dyskinesia

Video states that Tardive Dyskinesia is an involuntary, rhythmic movement of the perioral muscles.

This is true, but it is worth noting that while Tardive Dyskinesia is most frequently seen in the perioral muscles it is not limited to only the perioral muscles.

Reference: Up to Date: Tardive Dyskinesia, Clinical features

3. Lecture #5 & #6: Mood Stabilizers & Anxiolytics/Sedative

Video states that anti-depressants are to be avoided in the treatment of Bipolar depression.

Additional context is needed for this statement. As the video states, there are definitely concerns in treating a bipolar patient with antidepressants. However, it must be noted that within the field of psychiatry the use or avoidance of antidepressant treatment in bipolar patients remains a controversial topic on which there is not complete agreement.

Within the field of psychiatry there is agreement that antidepressant monotherapy treatment in Bipolar 1 patients is to be avoided. Where there is disagreement is on whether or not there is a limited role for use of an antidepressant as an adjunct to mood stabilizer treatment of bipolar depression.

Reference: Up to Date: Bipolar disorder in adults: Treating major depression with antidepressants, Role of antidepressants

Valproic Acid and hepatic necrosis

The video states that Valproic Acid/Depakote can rarely cause hepatic necrosis as a side effect.

Is worth noting that the risk may be as high as 1 in 500 (0.2%) in the at risk population of children under the age of 2 with certain significant medical conditions. In the general population the risk is 1 in 50,000 (0.002%)

Reference: Up to Date: Valproic Acid poisoning, Clinical Features, Hepatotoxicity