

Note about liability: I do not provide medical advice. Although this is the first paper to summarize early warning sings of chronic or lethal diseases due to the administration of neuroleptics, it is not intended as a substitute for professional help. Should you have any health care-related question, please call or see your physician or other health care provider promptly. I am not responsible if you decide against this advice. Nor am I responsible for any damage you may experience from a medical or psychiatric treatment.

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Early warning sings of chronic or lethal diseases due to the administration of neuroleptics

What if you want to withdraw from neuroleptic drugs and do not know how to proceed? What if you want to prevent the increased risk of conditions such as apoptosis¹, priapism², vaginism³, circulatory collapse, pneumonia, or sudden cardiac death, which might result from the administration of neuroleptics and be from some interest especially for psychiatric patients, whose life expectancy is shortened by more than two to three decades compared with the general population? What if doctors do not do preventative or on-going check-ups (such as blood count, lipid profile⁴, liver values, EKG, examinati-

- 1 Atrophy of the brain cells and decomposition of the DNA
- 2 Pathological, painful and prolonged stiffening of the penis, which may require urological surgery and create impotence
- 3 Pathological, painful and prolonged vaginal spasms
- 4 A lipid profile is the outlined result of blood fats (cholesterines and triglycerides) to estimate the risk of development of vascular diseases (especially the coronary and cerebral vessels) and the danger that plaques (parietal deposits) from altered cholesterine and lipid drops can generate in the arteries, so that the vessels get less elastic and narrow, which reduces the blood flow and may lead to high blood pressure, overweight and diabetes.

on of the ocular fundus (eyeground), EEG, and tongue protrusion test¹) and do not check if you have health preconditions that preclude the administration of neuroleptics? And what if you experience the early warning signs and precursors of emerging dangerous “side”-effects of psychiatric drugs seriously and want to withdraw, whether you are a doctor or a person taking the drugs?

Based on experience, there are early warning signs that may suggest potentially irreversible or even lethal damages and may suggest reducing the dosage of the neuroleptics or withdrawing them at once or gradually:

- Loss of energy and lack of interest in talking and social contact: precursors of a possible chronic **deficit-syndrome** (neuroleptic apathy syndrome / “broken wing”-syndrome²)
- Parkinsonism³, apathy, lack of willpower and depressed mood: possible precursors of **suicidality**
- Feelings of weakness, fatigue, loss of energy, indifference, temporary nausea, movement disorders like tremor and muscular rigidity as precursors of states of confusion, which begin with inner restlessness, agitation, feeling driven and anxiousness and end in states of **delirium**⁴ which might turn lethal in individual cases

1 Test to check the ability to maintain tongue protrusion; abnormal movements inside or around the mouth suggest that abnormal tongue movements may prove a more helpful sign for early detection of tardive dyskinesia (Simpson et al., 1984, p. 98).

2 Persistent listlessness and reduced will power, spontaneity, grant to the surroundings and emotional impulses

3 Symptom complex of shaking palsy, mainly hypokinesia up to akinesia, tremor and muscle stiffness as well as increased salivation

4 Along with reduced cerebral perfusion and oxygen uptake of the brain with subsequent syndromes like the inability to fall or stay asleep, persistent sleeplessness, physical infirmity and massive fatigue, persistent Korsakoff syndromes (a profound loss of the ability to hold something in the mind and hence the completion of memory gaps by compositions, memory disturbances up to memory loss and a brain-organic psychosyndrome [possible condition after leucotomy or administration of neuroleptics, characterized both by disinhibition and being aimless on the go as well as, more frequently, by extensive loss of energy, fussiness, emotional and intellectual retrogression, poverty of thoughts, affective flattening, euphorically toned weakness of criticism, tactlessness,

- Increased prolactin level¹ as a possible precursor of neoplasm in the mammary glands which can develop into **breast cancer**
- Fatigue, sugar excretion in the urine, increased amount of urine, dry mouth, increased thirst along with inappetence, impotence, menstrual disorders, reduced resistance against infections, fatty liver, cirrhosis of the liver and sight disorders: signs of reduced glucose tolerance (pathological alterations of blood sugar balance, especially increased blood sugar levels), which might result in chronic **diabetes**²
- Increased hip size and body mass index: precursors of possible chronic **obesity**, along with increased mortality.
- Temperature rise connected with neurological symptoms: possible precursors of **malignant hyperthermia**³
- Increase of noticeable muscular problems (characterized by disorders of muscle tension and movement), polypnea (enhanced respiratory rate, connected with reduced oxygen supply), tachycardia, increased salivation, increased sweating, impaired consciousness and light fever, general lability of the autonomic nervous system, muscle stiffness and other noticeable muscular problems: possible precursors of **neuroleptic malignant syndrome**⁴
- Stress-induced cardiac insufficiency as a risk factor for—in case of neuroleptics three times increased—massive and life-threatening **heart complications** of all kinds.

and egocentricity])

- 1 Prolactin is a hormone which mainly increases growth of the breasts during pregnancy and lactation. In men and women it also affects the regulation of sex hormones in the hypothalamus and in the pituitary gland.
- 2 Along with damage to the vessels, eyes and nerves, especially the nerves of inner organs
- 3 Disorder of the regulation of the body temperature with life-threatening fever, which may result in heatstroke with circulatory failure and irreversible central-nervous damages
- 4 Life-threatening symptom complex of fever, muscle stiffness and clouding of consciousness

- Overweight, disorders of fat metabolism, high blood pressure and insulin resistance as the underlying causes of the **metabolic syndrome**¹, which is associated with a high risk of massive vascular diseases and in this combination exceptionally dangerous and may trigger a **myocardial infarction** or **apoplectic stroke**
- Dry mouth, gingivitis and reduced oral hygiene: possible precursors of **caries** and parodontopathies (inflammation of the gums and periodontium [tissues that both surround and support the teeth] with **loss of teeth**)
- Increased liver values and fatty liver are possible precursors to chronic jaundice and persistent liver cell damages. If untreated or if one continues to take drugs toxic to the liver, one may develop hepatic fibrosis (alteration of liver cells in connective tissue) and eventually irreversible cirrhosis of the liver with massive complications including liver failure².
- Delayed wound healing, angina, “flu without flu” (unexplainable malaise in connection with unclear symptoms in the autonomic nervous system), symptoms like fever, shivering attack, inflammation of the tongue, oral mucosa, gums, neck, pharynx and ears, sore throats, sweating, weakness, infirmity, rash, joint pain, ulcers in the anal region, jaundice, lassitude, loss of appetite, vomiting, diarrhea, swelling of the lymph nodes, liver cell damage: possible precursors of a life-threatening **agranulocytosis**³
- Thickening of the blood, disturbed blood flow and alterations of the natural consistency of the blood in connection with longer restraint: precursors and risk factors for life-threatening **thromboses** and **embolisms**⁴
- Pigment deposits in the eye: possible precursors of chronic **damage to the retina, the cornea and the optic nerve**

1 Also known as “deadly quartet,” “Reavan's syndrome” or “syndrome X”

2 Death rate probability within five years: 50%. Most common death cause in advanced cirrhosis of liver: bleeding of varicose veins of the gullet, acute hepatic failure and liver cell cancer

3 Dying of the white blood cells, often with extremely rapid onset, with life-threatening consequences (blood poisoning, pneumonia and bleedings)

4 Blockages of the administration of blood and oxygen, which is vital for the single organs, by clots, which can stick at the narrow point of the bloodstream

- Difficulty swallowing, feeling of nasal congestion, feelings of anxiety, slight respiratory distress, appetite disorders with nausea or vomiting, colicky pains and crampy diarrhea, general feeling of weakness, muscular pain, abnormal feelings of tingling, dizziness and finally the onset of a “Pseudo-Parkinsonism” with tremor and muscle stiffness, propulsion (disturbance of gait in which the patient, during walking, steps faster and faster with progressively shorter steps and passes from a walking to a running pace) and may fall forward), salivation, seborrhea oleosa (moist, oily skin disorder with the formation of yellow-brown crust) and rigor of the facial muscles possible precursors of aspiration (suctioning of blood or vomit in the trachea or bronchial tubes) with subsequent **asphyxia** (life-threatening state of suffocation)
- Tremor and other muscle disorders: possible precursors of **tardive dyskinesia**¹

Also troublesome symptoms when withdrawing from neuroleptics can be warning signs of persistent damage. The quick onset of psychotic symptoms when reducing psychiatric drugs can indicate a developing supersensitivity psychosis (of organic nature, which—in case of ongoing administration of neuroleptics—can result in a **tardive (chronic) psychosis**.

Thus, what if someone decides in a reflective way to abstain from neuroleptics? What if, despite existing risk factors like reduced glucose tolerance, elder age, obesity, fatty liver, reduced physical activity or disorders of the fat metabolism, neuroleptics are administered initially or further on? What if female psychiatric patients get pregnant and are concerned about the potential risks of neuroleptics to their babies? What if parents or guardians of adults would decide it is best for the health of their wards to come off psychiatric drugs? What if psychiatric professionals want to protect their patients from toxic risks because of medical responsibility? Or if they want to protect themselves from the risk of legal liability due to reckless prescription of drugs when warning signs of harm are present. What is psychiatric professionals do

1 Symptom complex with potentially irreversible involuntary muscle movements (movement stereotypes, muscle cramps or hyperkinesia [movement disorders characterized by profuse activity of the musculature]) and reduced life expectancy

not attempt to withdraw their patients from neuroleptics to prevent possible suddenly occurring or undetected developing diseases?¹

There are many rational reasons to educate oneself about the issues associated with withdrawal from neuroleptics and on ways to minimize their use.

Sources

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Find more information about coming off psychiatric drugs on

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1 The US *Black's Law Dictionary* defines as recklessness: "Conduct whereby the actor does not desire harmful consequence but... foresees the possibility and consciously takes the risk," or alternatively as "a state of mind in which a person does not care about the consequences of his or her actions" (Garner, 2005, p. 1053). In US, German, Swiss and many other courts, a wrongdoer who recklessly causes harm can be held to the same liability as a person who intentionally does so. Also, to be held responsible under civil law, the second-degree intention is sufficient. The chance of a conviction (respectively dosage reduction or termination of an unwanted prescription) increases if you—under the eyes of a witness!—hand over a writ about the observed effects of psychiatric drugs (which might be early warning signs of chronic or lethal damages) to the prescribing or administrating person with the request to "rethink the prescription" and attach the writ to the "medical record." But be aware: most psychiatrists hate documents—like the devil the holy water—and will try to tap the writ back into your hands.