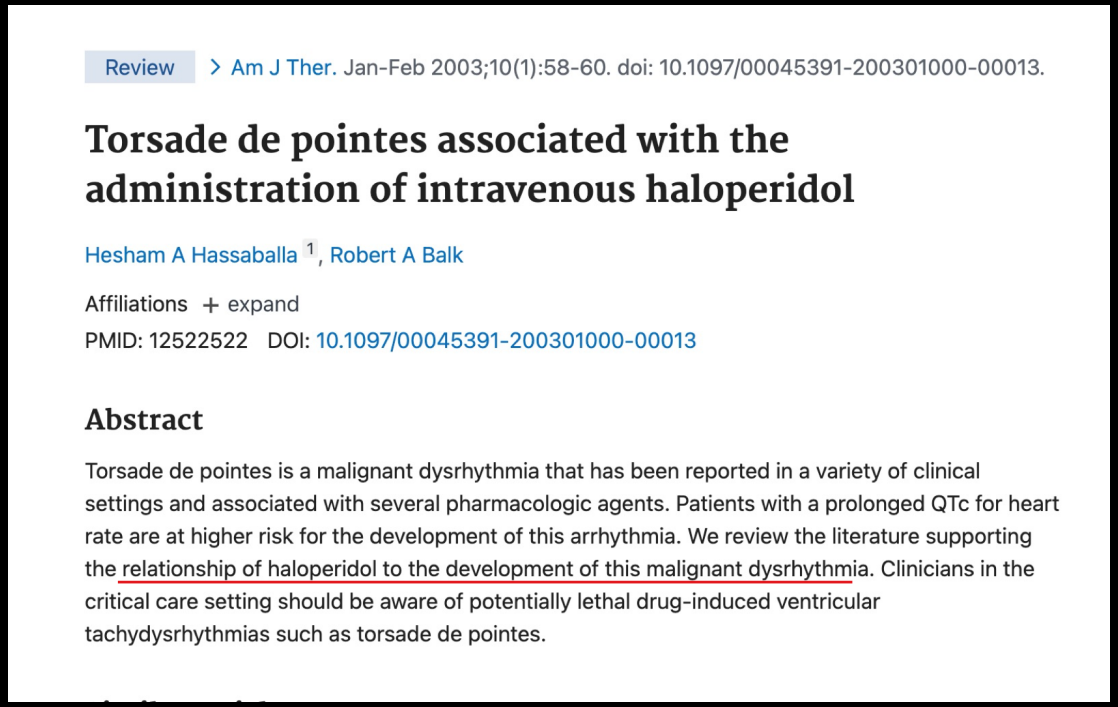
TORSIONE DI PUNTA ASSOCIATA ALLA SOMMINISTRAZIONE INTRAVENOSA DI ALOPERIDOLO

Trattamento in passato considerato sicuro ed efficace

1993 → primo caso di torsione di punta indotta da trattamento con Aloperidolo intravenoso (Metzger and Friedman)



Review > Am J Ther. Jan-Feb 2003;10(1):58-60. doi: 10.1097/00045391-200301000-00013.

Torsade de pointes associated with the administration of intravenous haloperidol

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Abstract

Torsade de pointes is a malignant dysrhythmia that has been reported in a variety of clinical settings and associated with several pharmacologic agents. Patients with a prolonged QTc for heart rate are at higher risk for the development of this arrhythmia. We review the literature supporting the relationship of haloperidol to the development of this malignant dysrhythmia. Clinicians in the critical care setting should be aware of potentially lethal drug-induced ventricular tachydysrhythmias such as torsade de pointes.

TORSIONE DI PUNTA ASSOCIATA ALLA SOMMINISTRAZIONE INTRAVENOSA DI ALOPERIDOLO

Azione di blocco dei canali del Sodio e del Calcio –> Allungamennto QTc → Possibile TdP

Necessario:

Monitoraggio ECG, QTc ed Elettroliti (Potassio, Magnesio e Calcio)

Quando interrompere?

- Allungamento del QTc >25%
- Appiattimento onda T
- Comparsa onda U (sd del QT lungo)

Review > Psychosomatics. Mar-Apr 2018;59(2):105-122. doi: 10.1016/j.psym.2017.10.009. Epub 2017 Nov 3.

QT Prolongation, Torsades de Pointes, and Psychotropic Medications: A 5-Year Update

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Abstract

Background: Some psychotropic medications have been associated with prolongation of the QT interval and QT prolongation, especially in those with medical illness, and are linked to lethal ventricular arrhythmias, such as Torsades de Pointes (TdP). In 2013, we published a review of QT prolongation, TdP, and psychotropic medications.

Objective: We provide an update over the past 5 years on the specific concerns most relevant to clinicians who see medically ill patients.

Methods: In this nonsystematic review, we aimed to carefully and intensively identify new articles by utilizing a structured PubMed search from 2012-present.

Results: QT prolongation remains an imperfect, though well-established marker of risk for TdP. Among antidepressant medications, citalopram does appear to prolong the QT interval more than other selective serotonin reuptake inhibitors, though the clinical significance of this prolongation remains unclear. Escitalopram appears to prolong the QT interval to a lesser extent. Haloperidol carries a risk for QT prolongation, but the assertion that intravenous haloperidol is inherently riskier may be confounded by its primary use in medically ill populations. Among atypical antipsychotic agents, ziprasidone-and possibly iloperidone-is associated with the greatest QT prolongation, whereas aripiprazole appears safest from this standpoint.

Conclusions: The evidence for clinically meaningful QT prolongation with most classes of psychiatric agents remains minimal. The most important risk-reducing intervention clinicians can make is undertaking a careful analysis of other QT risk factors when prescribing psychiatric medications.

Keywords: Cardiac psychiatry; Consultation-liaison psychiatry; QT prolongation; Torsades.

ALOPERIDOLO S.A.L.F. 2 mg/ ml soluzione iniettabile per uso intramuscolare

CATEGORIA FARMACOTERAPEUTICA
Antipsicotico derivato del butirrofenone.

INDICAZIONI TERAPEUTICHE
Forme resistenti di eccitamento psicomotorio, psicosi acute deliranti e/o allucinatorie, psicosi croniche. L'impiego del medicinale ad alte dosi va limitato alla terapia delle forme resistenti di: sindromi di eccitamento psicomotorio, psicosi acute deliranti e/o allucinatorie, psicosi croniche.
Trattamento dei dolori intensi generalmente in associazione con analgesici stupefacenti.

CONTROINDICAZIONI
Ipersensibilità al principio attivo o ad un qualsiasi degli eccipienti.
Stati comatosi, pazienti fortemente depressi dall'alcool o da altre sostanze attive sul sistema nervoso centrale, depressioni endogene senza agitazione, morbo di Parkinson.
Astenie, nevrosi e stati spastici dovuti a lesioni dei gangli della base (emiplegia, sclerosi a placche, ecc.).
Gravidanza accertata o presunta, allattamento.
Bambini e adolescenti (fino a 18 anni di età).
Malattie cardiache clinicamente significative (ad es: recente infarto acuto del miocardio, insufficienza cardiaca scompensata, aritmie trattate con medicinali antiaritmici appartenenti alle classi IA e III).
Prolungamento intervallo QTc.
Soggetti con storia familiare di aritmia o torsione di punta.
Ipopotassemia non corretta.
Concomitante uso di farmaci che prolungano il QTc.