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## **Serotonin syndrome patient handout pdf**

Serotonin is a neurotransmitter. Neurotransmitters are chemicals used by your body's nerve cells. These chemicals send signals that tell your body how to work. Serotonin affects the brain and other systems of the body. It plays a role in many bodily functions. It affects your mood, sleep habits, and even how hungry you are. Continued research seeks to understand the role of serotonin. Low serotonin levels may be associated with depression. What is Serotonin Syndrome? Serotonin syndrome is sometimes called serotonin toxicity. The condition occurs when people experience symptoms from too much serotonin in the body. Doctors first recognized serotonin syndrome in the 1960s, after administering the first antidepressants. Today, more serotonin-influenced (serotonergic) medications are becoming available. At the same time, the incidence of serotonin syndrome appears to be increasing. Most people can safely take medications that affect serotonin under the guidance of a medical professional. Serotonin-influenced medications are usually prescribed and effectively treat depression. When someone's body processes serotonin differently (or it can't handle large amounts of serotonin), symptoms of serotonin syndrome can occur. What causes serotonin syndrome? Increased serotonin levels can cause serotonin syndrome. This increase in serotonin can occur when a person: Takes more than one medication that affects serotonin levels. Recently started on medication or to increase the dose of medication known to increase serotonin levels. Taking too much of one serotonin-related medication, accidentally or on purpose. Antidepressants are the most familiar medications that affect serotonin levels.

Various classes of antidepressants include: selective serotonin reuptake inhibitors (SSRIs), such as fluoxetine (Prozac®), citalopram (Celexa®), and sertraline (Zoloft®). Serotonin and norepinephrine inhibitors such as duloxetine (Cymbalta®) and venlafaxine (Effexor®). Bupropion (Wellbutrin®). Tricyclic antidepressants such as amitriptyline (Elavil®) and nortriptyline (Pamelor®). Some other medications may affect the use of serotonin in the body. Severe pain: This pain is treated with medications including opioids like tramadol and oxycodone. Cough: OTC cough (OTC) cough and cold medications containing dextromethorphan can be used to treat cough. Migraine headaches: These headaches can be treated with drugs called tryptans. HIV/AIDS: Drugs such as ritonavir can be used to treat HIV/AIDS. Nausea medications: Metoclopramide (Reglan®) and Ondansetron (Zofran®). Other factors can affect how your body regulates serotonin levels. Factors include use: Herbal supplements: They may include ginseng and St. John's wort. Avoid using these supplements along with the prescribed SSRI. Illegal substances: These substances include ecstasy, hallucinogen LSD and cocaine. Medical experts still have a lot to learn about serotonin syndrome. Not all doctors know the signs. If you have concerns about serotonin affecting the medication you are taking, bring them to your doctor. What are the most common symptoms of serotonin syndrome? Symptoms of serotonin syndrome can be mild or severe. Symptoms may begin shortly after taking a new medication or increasing the dose. Symptoms can occur within hours. Some cases of serotonin syndrome can be life-threatening. People need rapid treatment of this disease. If you are taking a medication that affects serotonin and experience any of the following symptoms, call your doctor or visit an urgent or urgent medical facility right away: Mood changes such as irritation or confusion Diarrhea Advanced pupils. Arrhythmia (rapid or abnormal heartbeat) is muscle stiffness, especially in leg fever sweating or tremors Increase heart rate and high blood pressure The latest review of Cleveland Clinic Medical Worker on 01/15/2018. Links Ables AP, Nabubilli R. Prevention, Diagnosis and Management of Serotonin Syndrome. Am Fam Physician. 2010 May 1; 81(9):1139-1142. Access 12/20/2017. Berman BD. Neuroleptic Malignant Syndrome: A review for neurohospitalists. Neurohospitalist. 2011 January; 1(1): 41-47. Frank C. Recognition and treatment of serotonin syndrome. Can Fam Physician. 2008 July; 54(7): 988-992. Goodblatt, M. Ask. We answer: What is serotonin, and how does it play a role in neurological disorders? Neurology now: June/July 2017; 13(3);42. Werneke U, Jamshidi F, Taylor DM, Ott M. Riddles in Neurology: Diagnosis of Serotonin Syndrome - Meta-analysis of cases. BMC Neurology. 2016;16:97. Volpi-Abadi J, Kaye AM, Kaye AD Serotonin Syndrome. Ochsner J. 2013 Winter; 13(4):533-540. Get useful, useful and relevant health information and wellness information enews Cleveland Clinic is a nonprofit academic medical center. Advertising on our website helps support our mission. We do not approve of the products or services of the clinic, we are not Clevelandians. The Cleveland Politics Clinic is a nonprofit academic medical center. Advertising on our website helps support our mission. We do not approve of the products or services of the clinic, we are not Clevelandians. The policy If you or someone in your care is chest pain, shortness of breath, or severe bleeding, it can be a life-threatening emergency. Call 9-1-1 or your local emergency number immediately. If you are concerned about possible poisoning or exposure to a toxic substance, call Poison Control at 1-800-567-8911. 1-800-567-8911. serotonin syndrome patient handout pdf. serotonin syndrome patient handout australia. serotonin syndrome patient handout pharmacist letter. serotonin syndrome symptoms patient handout. patient education handout serotonin syndrome

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