

非定型抗精神病薬と定型抗精神病薬による悪性症候群の死亡率の比較検討

Mortality of neuroleptic malignant syndrome induced by typical and atypical antipsychotic drugs:

A propensity-matched analysis from the Japanese diagnosis procedure combination database

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OBJECTIVE: Neuroleptic malignant syndrome (NMS) induced by atypical antipsychotics presents atypical clinical manifestations with fewer symptoms compared with NMS induced by typical antipsychotics. However, any differences in prognosis between these two types of drug-induced NMS remain unknown. We examined NMS-related mortality in patients treated with typical or atypical antipsychotics, using a national administrative claims database.

METHOD: Data of patients with a diagnosis of NMS between July and December in the 5 years from 2004 to 2008 were extracted from the Japanese Diagnosis Procedure Combination database. Data included patient background, use of antipsychotics, and in-hospital mortality. Propensity score matching was performed to formulate a balanced 1:1 matched study and to compare in-hospital mortality between typical and atypical antipsychotic NMS patients.

RESULTS: We identified 423 NMS patients treated with typical antipsychotics and 215 NMS patients treated with atypical antipsychotics. Matching based on propensity scores produced 210 patients in each drug group. In-hospital mortality was substantially lower in the atypical antipsychotic group compared with the typical antipsychotic group, but the difference was not significant. (3.3% vs. 7.6%; odds ratio = 0.44; 95% confidence interval = 0.17-1.11; $p = .084$).

CONCLUSION: The results show that NMS remains a significant source of mortality among patients receiving antipsychotics. A tendency for lower mortality in the atypical antipsychotics group may reflect differences in the pathophysiology. However, to clarify whether there is a difference in NMS-related mortality with the two types of antipsychotics, further studies with larger samples are needed.