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HYPOKALEMIA, PSYCHOMOTOR AGITATION AND PROLONGING THE QTC

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Introduction: There is a growing concern about the potential risk that the use of certain antipsychotics may have on the QTc prolongation, electrocardiographic parameter key to assess the potential risk of developing a potentially lethal ventricular tachyarrhythmia: "Torsade de Pointes". Previous studies highlights the existence of low levels of potassium in severely agitated patients versus moderately agitated ones (1). So if we take into account that seriously agitated patients tend to receive higher antipsychotic doses, and mainly antipsychotic with a more sedative profile, we face a hotbed for causing a potentially lethal tachyarrhythmia.

Aims: Evaluate the presence of hypokalemia in agitated psychiatric patients.

Methods: We chose a random sample of 31 agitated psychotic patients attending emergency room and we make a determination of potassium level at that time, compared to a sample of 33 others randomly as control who donate their blood in the hospital blood bank group.

Final results, showed that agitated patients presented potassium figures significantly lower than the control group. (3.88 average in agitated versus 4.14 control group), ($p = 0,048$).

Conclusions: These data confirm our hypothesis of work and the relationship between hypokalemia and psychomotor agitation in psychotic patients attending the emergency ward, increasing notably the risk for "Torsade de Pointes".

Bibliography:

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