Choking and Major Tranquillisers

Major tranquillisers, or neuroleptics, which include phenothiazines (e.g. chlorpromazine or Largactil), and butyrophenones (e.g. haloperidol or Serenace) suppress the gag reflex. People can choke as a result and even choke to death. When people with learning difficulties, elderly people and people with mental health problems die from choking it is often attributed to their condition. Their medication is often not considered as having contributed. Suppression of the gag reflex is well established but not sufficiently well known. These notes are intended to alert managers and practitioners to the importance of diminution of the gag reflex.

Use of neuroleptics

Neuroleptics are widely used for the treatment of psychoses, especially schizophrenia as well as for the acute treatment of nausea and vomiting, cough and cold treatments, and as supplementary agents for sedation for minor surgical or diagnostic procedures such as endoscopic examination.

They are also used with some people with learning disabilities, especially those whose behaviour challenges services, although this is strongly discouraged when no psychosis is involved

Haloperidol is used, with varying success, to try to suppress cough-like tics associated with Tourette's syndrome.

Choking

All anti-psychotic drugs tend to slow reflexes. They have similar ranges of side effects, contra-indications and other attributes. Common to all anti-psychotics is their tendency to produce extra-pyramidal reactions. These effects are a chemically-induced form of Parkinson's disease. The degree of severity of these reactions differs according to individual idiosyncrasy and the dose of the drug being administered. One symptom of Parkinsonism is impaired swallowing which can be associated with decreased cough reflexes and lack of awareness of aspiration. Medication is required to counteract these effects.

One of the long term consequences of using neuroleptics can be tardive dyskinesia, a serious, irreversible disorder which affects control over face, mouth and throat among other dysfunctions. Severe symptoms of tardive dyskinesia associated with neuroleptic treatment can include, in addition to severe choking when eating, gasping, dysphagia, and episodes of aspiration pneumonia.

Choking incidents can be classified into five types based on results of clinical examination: bradykinetic, dyskinetic, fast eating syndrome, paralytic and medical. People with bradykinetic dysphagia (secondary to neuroleptic-induced extra-pyramidal syndrome) and paralytic dysphagia appear to experience a more severe form of choking.

Severe choking is associated with higher neuroleptic dosages and increasing age. Sex differences indicate that females are relatively protected. Deaths due to airway obstruction are more common in psychiatric hospital inpatients than in the normal population.

A significant rise in sudden deaths among people with learning disabilities due to asphyxia occurred during the 1960s and 1970s. This was probably attributable to modern medication with side-effects giving rise to feeding difficulties.

People receiving high dosages of drugs with antidopaminergic or anticholinergic activity are at greater risk of choking and should be monitored closely. Anticholinergic effects are the primary cause of diminished gag reflex resulting from neuroleptic and anti-parkinsonian medication. Both types of drug have anticholinergic effects.

Conclusion

Choking and death by choking can be caused by major tranquillisers. This has implications for the care of people treated by these drugs. Staff and carers need to be aware of the effect of suppression of the gag reflex and of appropriate action to take if choking occurs, including the Heimlich manoeuvre.

The danger of death by choking is one reason for making efforts to find alternative forms of management and for extreme caution in the use of neuroleptics.

3 March 1994

NWTDT Briefings are published by the North West Training & Development Team, Calderstones, Whalley, Clitheroe, Lancs, BB7 9PE. ☎ 01254 821334.