

## Multiple drugs

S

### Various toxicities and off-label use: case report

A 46-year-old man received developed acute psychosis during off-label treatment with ceftriaxone, azithromycin, hydroxychloroquine and dexamethasone for COVID-19. Additionally, he developed heaviness and laziness during treatment with olanzapine for acute psychosis [*not all dosages and routes stated*].

The man presented with shortness of breath, fatigue, cough, anorexia and myalgia for three days in September 2020. He tested positive for COVID-19. He required mechanical ventilation and off-label therapy with IV ceftriaxone, IV azithromycin, hydroxychloroquine 600mg two times a day and dexamethasone 8mg once daily for five days. He rapidly recovered from COVID-19. After two weeks, he was admitted with marked mental and psychomotor disturbance. He had jumped down from a first floor window, without sustaining physical injury or loss of consciousness. His consciousness was disturbed. At admission, he had agitation and suspiciousness.

The man was treated with haloperidol and promethazine for agitation and suspiciousness. He had lately developed a sense of exaggerated self-importance post COVID-19 along with hallucinations, emotional instability and psychomotor irritability. His CBC, metabolic function, thyroid function, CT and chest X-ray were normal. Therefore, he was diagnosed with COVID-19-related psychosis. The acute psychosis was attributed to ceftriaxone, azithromycin, hydroxychloroquine and dexamethasone. He then received oral olanzapine 5mg at bedtime. Subsequently, he was discharged. At first follow-up, he had a stable psychological state and was performing daily activities at premorbid level. A 4 months follow-up, he was stable; however, he reported stopping olanzapine due to side-effects like feeling heaviness and laziness [*not all time to reaction onsets and outcomes stated*].

Al-Busaidi S, et al. COVID-19 induced new-onset psychosis: A case report from Oman. *Oman Medical Journal* 36: No. 5, 2021. Available from: URL: <http://doi.org/10.5001/OMJ.2022.25> 803623858