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the clinical effectiveness of possible cholinesterase inhibitors as anti-dyspynergics. One case series described successful use of transdermal patches of Rivastigmine in the treatment of ‘Devil’s Breath’ intoxication (Sandia, 2018).

**Conclusion:** While voluntary/involuntary intoxication with ‘Devil’s Breath’ is becoming a relatively frequent situation that’s no longer confined to South America, little is known about the course of symptom development, identification, or treatment. Consultation-liaison Psychiatrists are well poised to identify and treat this medically unrecognized intoxication that presents with psychiatric symptoms.

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(131) Lamotrigine-induced Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS) Exacerbated by COVID-19 Infection

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**Abstract:** Background/Significance: Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS) is a rare but potentially life-threatening drug reaction syndrome characterized by delayed-onset skin eruption, fever, hematologic abnormalities, and internal organ involvement. Mortality is estimated at 10% (Cacoub, 2011). This case report of DRESS syndrome was caused by a psychotropic medication and was exacerbated by COVID-19, leading to concerns about multisystem inflammatory syndrome in children (MIS-C).

**Case:** S is a 12 year old male with autism spectrum disorder, anxiety, depression, and gender dysphoria. Medications include lamotrigine 50MG and risperidone 1.5MG, started 1 month prior and increased by his psychiatrist, who suspected a drug reaction and discontinued lamotrigine. One week later, S presented to ED for continued rash and new upper respiratory symptoms. In ED, S’s physical exam was notable for cervical lymphadenopathy, hepatomegaly, and facial edema. He had a diffuse, erythematous, blanching, maculopapular rash spanning the body, sparing palms, soles of feet, mucosal surfaces, face, and genitals. Labs were significant for leukocytosis, eosinophilia, elevated transaminases, and prolonged INR. He was also positive for COVID. There was concern that COVID might have exacerbated the drug reaction. His presentation was concerning for DRESS syndrome caused by lamotrigine. He was managed with prednisone 1mg/kg daily.

**Discussion:** Lamotrigine is a high-risk drug for DRESS (Lin, 2021). The most common psychotropic drugs linked to DRESS syndrome include Carbamazepine, Lamotrigine, Phenytoin, Valproate, and Phenobarbital (Bommersbach, 2016). Up to 35% of cases of DRESS are caused by antiepileptic drugs (Kardaun, 2013). Given the mortality associated with this syndrome and highly variable clinical presentation, DRESS should be considered in any patient who is started on a high-risk medication with recent rash and systemic symptoms. COVID infection may exacerbate these symptoms (Novak, 2021).

**Conclusion/Implications:** Psychiatrists are essential to the recognition of DRESS and management of co-morbid psychiatric conditions with new, non-offending medications.

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(132) Less of a Nightmare? A Case Report Comparing Doxazosin and Prazosin for PTSD in the Consultation-Liaison Setting

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**Abstract:** Introduction: Doxazosin and prazosin are α1-antagonists that have evidence for the treatment of trauma-related nightmares.1,2,3 To our knowledge, there are no reports of doxazosin use in the general hospital setting. One significant advantage of using doxazosin over prazosin in the medically ill is its relatively lower propensity to affect blood pressure.4 We describe the case of a patient on our consultation-liaison (C-L) service who, due to supply limitations, received doxazosin in place of prazosin for post traumatic stress disorder (PTSD)-related nightmares. The patient was previously started on prazosin in the same setting, allowing for the first known comparison of these medications in the C-L setting.

**Case:** M.M. is a 43-year-old female with a history of pancreatitis, alcohol use disorder (AUD), and PTSD. C-L was consulted four comparison of these medications in the C-L setting.

**Discussion:** Previous case reports and reviews demonstrate the efficacy of doxazosin for PTSD-related nightmares in a clinic population.1,2 Our findings suggest that doxazosin is an efficacious and tolerable alternative to prazosin for patients suffering from post-traumatic nightmares in the C-L setting. In addition to potential supply chain issues that may impact prazosin availability, doxazosin has several inherent properties which may render it preferable to prazosin for the C-L population. These include a longer half life, lesser blood pressure effects, and therapeutic indications for AUD, benign prostatic hypertrophy, and urinary retention.4

**Conclusion:** Limited data exists on the use of prazosin and doxazosin in the C-L setting, and on the use of doxazosin for nightmares in any...