

CONSULT COLUMN

Dear Editor:

In our institution there continues to be a clinical controversy regarding the efficacy of medications to "awaken" people who are in coma or vegetative state as well as in PVS. Is there a general consensus regarding the practice of giving stimulant-type medications to this patient population? In a more general sense, do medications really make that much of a difference one way or the other?

A.L., NYC

Dear Reader:

The literature as well as clinical experience do not seem to support the utility of pharmacologically inducing return of consciousness, that is, cognitive awareness in this patient population. There are isolated examples of patients "awakening" after receiving a variety of different classes of medications including dopamine agonists, anticholinergics, and psychostimulants such as methylphenidate. The question always arises, however, whether these individuals were truly vegetative to begin with, as opposed to extremely low-level neurologically. Additional diagnoses that have to be taken into consideration in these patients are problems with severe dyspraxia, severe dysphasia, catatonia of a psychiatric origin, and locked-in syndrome. There is good clinical experience to justify trials of psychopharmacologic intervention for patients who are low level as opposed to vegetative or comatose. In general, the drug classes that seem to work best in these patients are drugs that stimulate either dopaminergic or noradrenergic systems.

A word of caution is indicated relative to medication use in general in low-level patients. There is good scientific evidence, mainly from animal research, to justify avoidance of certain drug classes early on after neural insult because of the potential adverse ramifications of such drugs on neurorecovery. Additionally, there are numerous medications that may suppress cognitive function and/or exacerbate already existing problems with hypo-arousal. Therefore, drugs with catecholaminergic blocking activity, whether primary or secondary, gabaminergic agents and anticholinergic agents should be used with caution in this patient population, particularly within the acute and subacute phase of neurorecovery.

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