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Unusual Case Report of Olanzapine Induced Significant Bradycardia

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We present a case of 35 y old Indian female with no past psychiatric history presented with symptoms suggestive of schizophrenia who was started on Risperidone oral medication with adequate response however after 20 days of starting on Risperidone patient developed stiffness and was admitted to General hospital for evaluation. Provisional diagnosis of Narcoleptic induced parkinsonism was made. Patient responded on withholding drug for few days. Psychiatrist was referred for further management of schizophrenia for appropriate anti psychotics and prevention of possible EPSEs. Olanzapine was chosen to be preferred anti psychotic for its benefit in low tendency for EPSEs. While inpatient she developed significant bradycardia to 35 beats per minute which resolved spontaneously. There was apparently no bradycardia or arrhythmias in ECG taken before initiation of olanzapine.