



**ACUTE MANAGEMENT OF
PSYCHIATRIC EMERGENCY for
Late Onset GM2 (Tay-Sachs/Sandhoff)**



Accepting PO medication:

Olanzapine 5-10 mg PO vs ODT, or quetiapine 50-100 mg

If not accepting PO: Olanzapine 5-10 mg IM

If unable to give atypical antipsychotic, consider the use of lorazepam 2 mg PO or IM. Avoid the use of lorazepam IM within 2 hours of olanzapine IM, due to risk of respiratory suppression.

For acute dyskinesia: Benztropine 2 mg PO or IM, or diphenhydramine 50 mg PO or IM.

LONG TERM MANAGEMENT OF SYMPTOMS

Data on medication management of psychiatric symptoms in LOTS is limited and based on retrospective recall of patients' experiences. Typical antipsychotics, in general, are expected to cause worsening of motor symptoms. Benzodiazepines might be effective for targeting some psychiatric symptoms without motor worsening.

These general recommendations are the results of the ad hoc working group "psychiatric aspects of Late-onset GM2 Gangliosidosis" comprised of psychiatrists and neurologists who treat patients with these conditions and was organized by National Tay-Sachs & Allied Diseases Association (NTSAD). Core members of the working group included: Camilo Toro, MD (National Institutes of Health); Christopher Stephen, MB ChB, FRCP, SM (Massachusetts General Hospital); Sonja Scholz, MD, PhD (National Institutes of Health); Steven Kushner, MD, PhD (Columbia University Vagelos College of Physicians and Surgeons); Caitlin Adams, MD (Massachusetts General Hospital).