

Psychotropic-Related Aspiration Hazards: A Call for Action

To the Editor: Psychiatric patients may be at a heightened risk for choking hazards, and this risk is multifactorial. Frailty (eg, psychogeriatric population with major neurocognitive disorders), cognitive deficits (eg, disorders of intellectual development), medical multimorbidities (eg, poststroke dysphagia), primary psychopathology (eg, gluttony as part of disorganized psychotic behavior), inadequate supervision (eg, in crowded long-term residential homes), intoxication, and the use of culprit psychotropic agents can all be contributory.¹ Choking, aspiration pneumonia, and fatalities have been reported. Hospital policies are mandatory to identify those at risk and to ensure that they are watched closely during mealtimes.

At our institute, a choking prevention policy is in place to address these hazards. It entails identification of high-risk patients using the modified Aspiration/Choking Risk Screening Tool.³ This is typically followed by prompt referral to speech therapists for thorough assessment and needful recommendations. Diet-based modifications can then be provided as per on-site dietitian directions. Staff members are sensitized to closely supervise at-risk patients during meals and snacks while ensuring they are in an upright position. They are also primed to observe for red flags (eg, clutching throat, wheezing). In case of choking, an emergency code is initiated, and immediate intervention is provided, encouraging coughing and airway

clearance in case of partial obstruction or performing the Heimlich maneuver with complete obstructions and starting cardiopulmonary resuscitation if the patient is unresponsive. After the incident, the attending physician and the patient's family are informed, an incident report is filled out, and a root-cause analysis ideally follows. A note is attached to the patient's chart for future reference to safeguard against recurrence. A staff debrief, including other patients who witnessed the incident, then takes place.²

The modified Aspiration/Choking Risk Screening Tool identifies 6 categories.³ These categories incorporate developmental disabilities, with higher scores given to severe and profound strata, medical diagnoses prioritizing neurological movement disorders, physical conditions including edentulous status and positive barium swallow studies, eating habits and tachyphagia, need for assistance or dietary modification, seating position, and finally, culprit psychotropic agents. Of note, previous incidents of choking/aspiration pneumonia are given a special emphasis on scoring.

Psychotropic agents that are commonly incriminated⁴ include high-potency antipsychotics (eg, haloperidol and risperidone) due to D₂ blockade in the nigrostriatal pathway causing acute dystonic reactions, pseudoparkinsonism, or tardive dyskinesias; benzodiazepines by virtue of oversedation; and clozapine

particularly given inhibition of deglutition reflex, sialorrhoea, xerostomia due to strong anticholinergic drive, gastrointestinal dysmotility, and oversedation. Tricyclic antidepressants can also be included due to xerostomia and epileptogenicity. Risk is also conceivably prominent when a patient is intoxicated under the influence of illicit drug use.

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Article Information

Published Online: February 10, 2026.
<https://doi.org/10.4088/PCC.25lr04102>

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Prim Care Companion CNS Disord 2026;28(1):25lr04102

To Cite: Al-Sayegh A, Naguy A. Psychotropic-related aspiration hazards: a call for action. *Prim Care Companion CNS Disord* 2026;28(1):25lr04102.

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Financial Disclosure: None.

Funding/Support: None.