# Clinical Symptoms and management of acute poisoning with Barbiturates and Benzodiazepine

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#### **BARBITURATES**

#### Uses

- Long acting: Phenobarbitone
- Short acting: Butobarbitone,
   Pentobarbitone
- -Ultra-short acting:
- -Thiopentane, Methohexitone THERAPEUTIC USES:
  - >INSOMNIA
  - **EPILESPY**
  - **>ANAFSTHESIA**
  - ➤ Adjuvants in psychosomatic disorders
  - ➤ Pre-operative sedation

### Mechanism

Bind to GABA receptors

Enhance GABA mediated Cl currents
Prolong the opening of chloride channel

Prolong inhibitory actions of GABA

# **BARBITURATES** (Cont...

#### **ADVERSE EFFECTS:**

- Residual depression.
- > Paradoxical excitement.
- Hypersensitivity reactionslocalised swelling of eye lid,cheek or lip, erythematous or exfoliative dermatitis.
- Synergistic action with ethanol& antihistamines.

## **TOXIC EFFECTS:**

- Slurred speech, ataxia, lethargy, confusion, headache, nystagmus.
- > CNS depression, coma, shock.
- Pupils –first contricted, later dilate because of hypoxia.
- > Hypothermia
- Cutaneous bullae (blisters)
- Death due to respiratory arrest or cardio vascular collapse.

# **BARBITURATES** (Cont...

# Acute barbiturate poisoning

#### **SYMPTOMS:**

- > Stupor or coma, areflexia.
- Peripheral circulatory collapse.
- Weak & rapid pulse.
- Cold clammy skin.
- Slow or rapid & shallow breathing.
- Pupils constricted & reacting to light initially but subsequently develops paralytic dilatation.
- Atelectasis (Collapse of an expanded lung).
- Pulmonary edema.
- > Bronchopneumonia
- > Acute renal shut down.

Leading cause of poisoning due to their ready availability.
Most of the cases are suicidal but some are due to error or ungraded exploration in children.
Short acting barbiturates are more dangerous than long acting.
Shock & anorexia occur quickly.
Coma is more severe with short acting barbiturates.

# **BARBITURATES** (Cont...

# **MANAGEMENT:**

## **SCANDINAVIAN METHOD:**

Hospitalisation

Support vital functions

- Consciousness.
- >Airway , breathing , circulation.

- >Emesis.
- ➤ Gastric lavage.
- >Activated charcoal
- & catharsis.

Prevent further absorption

Increase elimination of drug

- > Forced diuresis.
- ➤ Alkalinization of urine.
- ➤ Prophylactic antibiotic.
- ➤ Peritoneal dialysis.
- ➤ Hemodialysis.
- >Hemoperfusion.

Conservative management with good nursing care

Appropriate detoxification or psychiatric after care

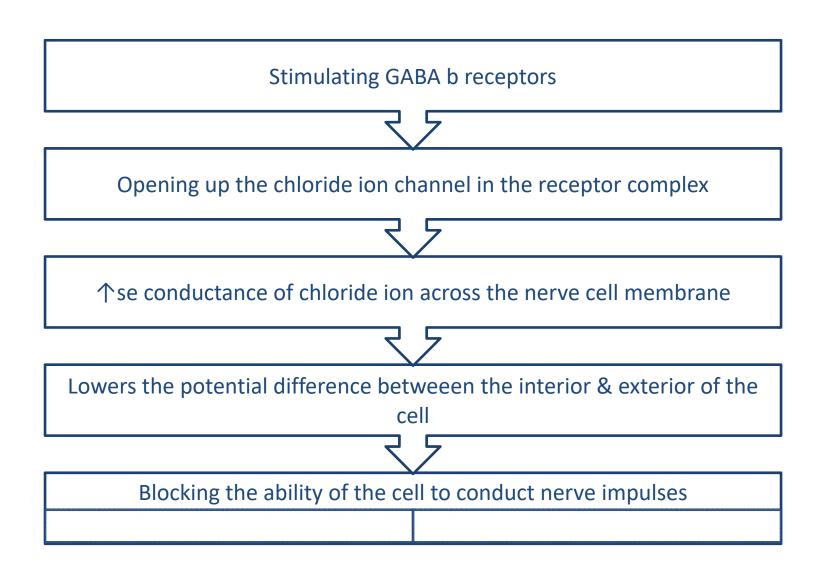
## **BENZODIAZEPINES**

Hypnotic	Antianxiety	Anticonvulsant
Diazepam,	Diazepam,	Diazepam,
Flurazepam,	Chlordiazepoxide,	Lorazepam,
Nitrazepam,	Oxasepam,	Clonazepam,
Alprazolam,	Lorazepam,	Clobazam
Temazolam, Triazolam	Alprazolam	

# Also useful:

- ➤ Movement disorders (adjunctive therapy)
- ➤ Mania (adjunctive therapy)

# **MODE OF ACTION:**



#### **BENZODIAZEPINES (Cont...**

### **Side effects**

- Weakness
- Headache
- Amnesia
- Vertigo
- Diplopia
- Nausea
- Diarrhoea
- Chest pain
- Paradoxical effectsrestlessness, agitation, hallucinations.

### **Toxic effects**

- Sedation, Coma
- Large doses-neuromuscular blockade
- Hypotension
- Respiratory depression
- Death

#### **BENZODIAZEPINES (Cont...**

# Acute poisoning

• MILD:

Drowsiness, Ataxia, Weakness

- MODERATE TO SEVERE :
  - Vertigo, slurred speech, nystagmus, partial ptosis, lethargy,
     hypotension, respiratory depression, coma (stage 1 & 2).

