



Poison HOTLINE

1-800-222-1222

August 2017



Did you know

The IPCC welcomes the feedback of our callers – health care providers included.

If you have called the IPCC recently, please take a few minutes to complete our on-line health care provider survey. Your responses will help us to evaluate and improve our services to health care providers in Iowa.

You can access the survey through the IPCC website under the health care provider tab or use this link: [HCP Survey](#).

Thank you for your continued support and partnership. Your support will help us continue to advance our mission to improve patient outcomes and reduce overall health care costs to our communities.

Loperamide – An Unexpected Drug of Abuse

Loperamide (Imodium®) is a synthetic opioid that binds to the mu opioid receptors in the gut to slow GI motility and inhibit peristalsis. This medicine is available over the counter to treat diarrhea. It causes minimal CNS effects in therapeutic doses because the P-glycoprotein (P-gp) transporter prevents it from crossing the blood brain barrier. Therapeutic dosing of the drug is 4 mg (two tablets) initially, followed by one tablet after each loose stool, up to 16 mg/day. Loperamide is not recommended for use in children under the age of 2 years.

Although loperamide is claimed to lack abuse potential, it is gaining attention as an easily accessible opioid agonist. Abusers may also co-ingest P-gp inhibitors (i.e.: amiodarone, macrolide antibiotics, ketoconazole, quinidine, and verapamil) to increase its penetration into the CNS. In addition to its abuse, some individuals use it for self-treatment of opioid withdrawal symptoms. It has been referred to as “poor man’s methadone.”

Even in therapeutic doses, patients may experience mild to severe toxicity, including paralytic ileus. Abusers may chronically take hundreds of milligrams a day. The FDA released a safety alert in 2016 warning that loperamide misuse can cause heart problems that can lead to death. These dangerous effects include wide QRS, QTc prolongation, ventricular arrhythmias, recurrent Torsades de Pointes, syncope and cardiac arrest. Opioid naïve individuals may exhibit miosis, CNS and respiratory depression, bradycardia and hypotension. Young children may be more susceptible because drugs can more easily cross their blood brain barrier.

In addition to good supportive care, management of loperamide toxicity includes naloxone for CNS and respiratory depression. Sodium bicarb can be used to treat QRS widening. Follow potassium, calcium, and magnesium, as low levels of these electrolytes increase the risk of QTc prolongation and Torsades de Pointes. If Torsades occurs, give magnesium 1-2 g IV.

Loperamide overdoses can be difficult to manage due to the combination of opioid effects and cardiotoxicity. The IPCC toxicologist is available for consult 24/7 by calling **1-800-222-1222**.

*Tammy Noble RN, BSN
Certified Specialist in Poison Information*

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1-800-222-1222

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