Did you know ……

Consumption of large amounts of black licorice containing the compound glycyrrhizin can cause potassium levels in the body to fall. Low potassium can cause abnormal heart rhythms, swelling, muscle weakness, lethargy and congestive heart failure. Potassium levels usually return to normal with no permanent health problems when consumption of black licorice stops. To be safe, don’t eat large amounts of black licorice at one time.

Note: Many products labeled as “licorice” or “licorice-flavor” in the U.S. do not contain licorice though. Instead, these products often contain anise oil which has the same smell and taste.

Topiramate

Topiramate is a sulfamate derivative of the sugar fructose and is FDA approved for use as an anticonvulsant and for the prophylaxis of migraines.

Topiramate is also being used off-label for an ever increasing number of other indications, such as bipolar disorder, PTSD, obesity, alcohol dependence, obsessive compulsive disorder, smoking cessation, bulimia, neuropathic pain, infantile spasm, and idiopathic intracranial hypertension. Physicians and psychiatrists sometimes prescribe topiramate when other mood-stabilizing drugs have failed to be effective for a patient. The side effects that patients may experience with topiramate are quite different when compared to other mood stabilizers.

Effects seen in overdoses of topiramate include seizures, dizziness, agitation, confusion, ataxia, tremor, blurred vision, diplopia, speech disturbances, impaired mentation, abnormal coordination, nausea, vomiting, hypotension and CNS depression. Alterations in mental status have included drowsiness, lethargy, confusion and psychomotor slowness. While rare, cardiac conduction changes have been reported from topiramate overdose. In severe overdose, additional symptoms include coma and severe metabolic acidosis.

Hyperchloremic, non-anion gap metabolic acidosis (a decrease in serum bicarbonate in the absence of chronic respiratory alkalosis) has been associated with topiramate therapy. This effect is due to topiramate’s inhibition of carbonic anhydrase in the kidney, leading to renal loss of bicarbonate. In an acute overdose, a non-anion gap metabolic acidosis can develop 24 to 48 hours post ingestion.

Treatment of topiramate overdose includes monitoring respiratory effort, CNS function, serum electrolytes and ABG’s. Therapeutic interventions may include administering fluids, sodium bicarbonate to correct the non-anion gap metabolic acidosis, and intubation and mechanical ventilation.

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