



Poison HOTLINE

1-800-222-1222

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Did you know

Disinfecting commonly touched surfaces such as doorknobs and light switches with a chlorine bleach solution can help prevent the spread of the cold and flu virus. Bleach should always be diluted with water before use—bleach should never be applied full strength to anything.

When cleaning, read the product label and note any precautions you should take when working with chlorine bleach, such as wearing gloves and making sure you have good ventilation during use of the product. **Never** mix chlorine bleach with other cleaners, especially toilet bowl cleaners or products containing ammonia.

Call **1-800-222-1222** for treatment recommendations for chlorine bleach exposures.

Two Classes of Antidepressants: SSRI and SNRI

Selective Serotonin Reuptake Inhibitors (SSRI's) and Serotonin Norepinephrine Reuptake Inhibitors (SNRI's) are prescribed to help treat depression, anxiety, panic attacks, social anxiety disorder, obsessive compulsive disorder (OCD), and post-traumatic stress disorder (PTSD). SSRI's include citalopram (Celexa), escitalopram (Lexapro), fluoxetine (Prozac), paroxetine (Paxil), sertraline (Zoloft), vilazodone (Viibryd), vortioxetine (Trintellix) and fluvoxamine (Luvox), while SNRI's include venlafaxine (Effexor), desvenlafaxine (Pristiq), duloxetine (Cymbalta) and levomilnacipran (Fetzima).

SSRI's decrease anxiety and improve mood by inhibiting the reuptake of serotonin and by stimulating serotonin receptors. These actions significantly increase serotonin effects in the brain. SNRI's, in addition to the serotonin effects seen with SSRI's, also increase brain levels of norepinephrine.

Effects in Overdose

SSRI's – Mild to Moderate Toxicity: Nausea, vomiting, agitation, confusion, tremors, hyperreflexia, occasional clonus and myoclonus, hypoglycemia, hypertension and bradycardia.

Severe Toxicity: Rigidity, hypertension or hypotension, hyperthermia, seizures, serotonin syndrome, coma and rarely death.

SNRI's – Mild to Moderate Toxicity: Somnolence, syncope, vomiting, diarrhea, headaches, diaphoresis, agitation, confusion, tachycardia and hypertension.

Severe Toxicity: Seizures, hypotension, coma and serotonin syndrome.

Seizures and QTc prolongation are most commonly seen in citalopram and escitalopram overdoses.

Treatment for most overdoses requires only supportive care. Benzodiazepines (BDZ) are used to control agitation, hypertension and tachycardia, and to treat seizures should they occur. Serotonin syndrome usually responds to BDZ, and the serotonin antagonist, cyproheptadine, can be added when serotonin syndrome is not responding to large BDZ doses. Severe toxicity should be treated with liberal use of BDZs, serotonin antagonists, aggressive cooling of hyperthermia, early intubation and ventilator support.

*Susie Eades, RN, CSPI
Certified Specialist in Poison Information*

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Help**
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Hotline Editor: Edward Bottei, MD

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