



Poison HOTLINE

1-800-222-1222

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Did you know

Overdoses of acetaminophen (APAP) in combination with diphenhydramine present challenges when interpreting serum APAP concentrations and using the acetaminophen nomogram to determine need for antidote therapy.

After an acute ingestion, APAP concentrations typically peak within 4 hours. However, APAP/diphenhydramine combination products can cause delayed and prolonged absorption of acetaminophen. If the 4-hour APAP concentration is below the treatment line on the nomogram, the IPCC recommends obtaining APAP levels every 4-6 hours until the level has either (a) reached a peak and is going down or (b) above the treatment line. Call **1-800-222-1222** for guidance in determining the course or therapy for combination APAP/diphenhydramine overdoses.

Gabapentin Abuse

Gabapentin (Neurontin®) is approved by the FDA as an adjunctive therapy in the treatment of epilepsy and postherpetic neuralgia caused by shingles. An extended release formulation (Horizant®) is FDA approved to treat restless leg syndrome. The use of gabapentin for off-label purposes (e.g. bipolar disorder, insomnia, anxiety, peripheral neuropathy, migraines and drug/alcohol withdrawal syndrome) is reportedly higher than for FDA approved indications.

Gabapentin comes as a capsule, a tablet or oral solution. The precise mechanism of action of gabapentin remains unclear. The FDA issued a black box warning in December 2019, as serious breathing difficulties may occur in patients who have respiratory risk factors, which includes conditions that reduce lung function such as COPD and the use of opioid medications or other drugs that depress the CNS. The FDA also warns that gabapentin may cause suicidal thoughts and behaviors.

When approved by the FDA in 1993, it was believed that gabapentin had no abuse potential and therefore is not a controlled substance. Reports of its misuse and abuse are increasing as gabapentin is claimed to produce a marijuana-like “high”, relaxation and improved sociability. People who abuse it often take extremely high doses of the drug or combine it with other drugs, such as opioids, alcohol, marijuana, benzodiazepines, SSRIs and quetiapine, to enhance the effects of gabapentin or the other substance. It is important to monitor for drug-seeking behaviors when prescribing gabapentin.

Most abusers swallow the drug, but other reported routes include injection, smoking, and snorting crushed tablets. Street names include “morontin,” “gabbies,” and “johnnies.”

Patients with overdoses of single substance gabapentin may experience mild toxicity including lethargy, sedation, dizziness, ataxia, slurred speech, nystagmus, and hypotension. Severe toxicity may cause profound CNS depression requiring intubation. Treatment is largely symptomatic and supportive for these cases. Poly-substance overdoses involving gabapentin may be more complicated in terms of clinical effects and management. Gabapentin cessation can lead to withdrawal effects, and therefore the medicine should be tapered and withdrawn over several days or weeks.

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