Venlafaxine and Desvenlafaxine

**Toxicity / Risk Assessment**

*Toxicity is dose-dependent and can be delayed up to 16 hours post ingestion (all current formulations are extended release)*

**Clinical features:**
- **Seizures** (risk increases with greater ingested dose)
  - likely in all ingestions >4 g venlafaxine
  - can be delayed up to 16 hours post ingestion
  - usually short duration and self-limiting
- **Serotonin toxicity:** increased risk with co-ingestion of other serotonergic agents e.g. SSRI, MAOIs, some TCAs
- **Cardiotoxicity** (rare unless ingestion >8 g)
  - LV dysfunction causing ↓BP, tachyarrhythmia (↑QT, ↑QRS)
- **Others:** ↑HR, mydriasis, sweating, agitation
- Coma is **NOT** a feature (consider other causes)

**Management**

Supportive care is the mainstay of management

Consider early intubation and ventilation in large ingestion (>8 g venlafaxine) to facilitate decontamination

**Decontamination:**

**Activated charcoal 50 g** should be given to alert and co-operative patients who have ingested >2 g up to 4 hours post ingestion

Consider **whole bowel irrigation** in large overdose (>8 g) *(Discuss with Clinical Toxicologist)*

**Seizures**

**Benzodiazepines:** Diazepam 5 mg IV every 5 minutes as necessary

**Agitation & Autonomic hyperactivity**

**Benzodiazepines:** Diazepam 2.5-5 mg IV q10 minutes or 5–10 mg PO q30 minutes until lightly sedated

**Serotonin Toxicity** – *(see separate serotonin toxicity guideline)*

**Cardiotoxicity**

- inotropic support in ICU as required

**Disposition**

- Observe asymptomatic patients who have ingested >1 g for at least 16 hours (no cardiac monitoring if ECG is normal)
- Ingestion >4 g: observe with cardiac monitoring and IV access for 24 hours
- Ingestion >8 g: anticipate need for critical care bed admission