

**Overdose is associated with CNS depression, ↑QT interval and Torsades des Pointes (TdP). Ingestion > 4 g is associated with significant toxicity.**

## Toxicity / Risk Assessment

*Increased QT interval and TdP has been reported*

*with therapeutic doses of amisulpride < 1 g*

*> 4 g is associated with significant CVS and CNS toxicity*

### Clinical features:

- Dose dependent sedation progressing to coma
- Bradycardia is common and will increase risk of TdP occurring in the context of ↑QT interval
- Bundle branch block, ventricular arrhythmias and hypotension are more likely with higher doses
- Mild anticholinergic features may be present

## Management

Manage in monitored cubicle or resuscitation area if ingestion > 1 g

Immediate intervention includes management of coma, ↓BP and ↑QT

*(Ingestion > 4 g warrants early discussion with a clinical toxicologist)*

### **Decontamination:**

**Activated Charcoal 50 g** should be given for any ingestion > 1 g up to 2 hours post ingestion

Patients with severe toxicity should receive Activated Charcoal 50 g via NGT post intubation

**Management of ↑QT Interval** – CVS monitor + maintain normal serum Ca<sup>2+</sup>, K<sup>+</sup>, Mg<sup>2+</sup> concentrations

### **Management of TdP**

- MgSO<sub>4</sub> 10 mmol (2 g) as IV push (if unconscious or pulseless: electrical defibrillation)
- Maintain HR > 80 with isoprenaline/epinephrine or with electrical pacing

### **Enhanced Elimination**

- Haemodialysis is not effective at enhancing amisulpride elimination

### **Disposition**

- Ingestion 1-4 g: monitor for at least 12 hours with 2 hourly ECGs. Patients who develop QT interval prolongation should be monitored for at least 16 hours
- Ingestion > 4 g: admit to monitored area for 16 hours observation
- Discharge pending mental health assessment if asymptomatic + normal ECG at end of monitoring period