Selective Serotonin Reuptake Inhibitors (SSRIs)

Lone SSRI overdose is usually benign. Citalopram & escitalopram are associated with dose-dependent QT prolongation & risk of Torsades des Pointes (TdP)

Toxicity / Risk Assessment

Usually benign when ingested in isolation

Dose dependent QT prolongation(↑QT) with citalopram and escitalopram

Clinical features:

- Minor features include nausea, vomiting, drowsiness, and mild serotonin toxicity (see below)
- Risk of ↑QT > 600 mg Citalopram OR > 300 mg Escitalopram (TdP, is rare)
- Seizures are rare
- Coma is NOT expected with isolated SSRI ingestion

Serotonin Toxicity – *increased risk with co-ingestion of other serotonergic agents e.g. tramadol, venlafaxine, MAOIs, MDMA and other serotonergic amphetamines*

Mild: tremor, tachycardia, inducible clonus (ankle, ocular), hyperreflexia

Moderate: agitation, sustained clonus, tachycardia, hyperthermia (<39 deg C)

Severe: severe hyperthermia, muscle rigidity, sustained clonus and seizures

Management

Good supportive care is the mainstay of management

Decontamination:

Activated charcoal 50 g (Paediatric: 1g / kg):

- Administer to co-operative patients presenting within 2 hours of ingestion
- Administer to co-operative patients presenting within 4 hours of ingestion of >600 mg of citalopram OR >300 mg of escitalopram

Management of ↑ QT interval

See separate ***Prolonged QT interval / TdP*** guideline

Serotonin Toxicity

See separate ***Serotonin Toxicity*** guideline

Disposition

- All patients require a minimum of 6 hours observation post ingestion
- Ingestion > 600 mg citalopram or > 300 mg escitalopram: minimum of 12 hours cardiac monitoring
- Discharge pending mental health assessment post observation period once any ECG abnormalities have normalized AND the patient is asymptomatic