Amisulpride

Amisulpride overdose may cause severe toxicity and death. Clinical features include CNS depression, ↑QT interval and Torsades des Pointes (TdP).

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 and onset can be delayed up to 16hours
- **CNS:** sedation progressing to coma
- **CVS**: - bradycardia is common and will increase risk of TdP occurring in the context of ↑QT interval.
  - bundle branch block, ventricular arrhythmias
  - hypotension is more likely with higher doses

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 offered for any exposure> 1 g up to 4 hours post ingestion

Any patients requiring intubation following amisulpride ingestion should receive Activated Charcoal 50 g via NGT

Management of ↑QT Interval (see separate ***QT prolongation*** guideline)

- CVS monitor + maintain normal serum Ca^{2+}, K^{+}, Mg^{2+} concentrations

Management of TdP (see separate ***QT prolongation*** guideline)

- $MgSO_4$ 10 mmol as IV push in conscious patients (if unconscious or pulseless: electrical defibrillation)
- If TdP does occur -> commence isoprenaline/epinephrine/electrical pacing to maintain HR > 80 bpm

Enhanced Elimination

- Haemodialysis is not effective in 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