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Case Report.....!!!

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ALTERED SENSORIUM AFTER ALPRAZOLEM OVER DOSE

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ABSTRACT

Altered sensorium presents with nervous system modulations (dizziness, drowsiness, slurred speech, seizures, agitation) which cause due to different reasons but in this case due to alprazolam overdose. An 80 years male patient c/o aggregating during night times often suffers from COPD, self taking of alprazolam in chronic and overdose manner for about past seven days. Ct scan is the relevant data that shows the Ischaemic Changes in the B/L Periventricular and Fronto Parietal White Matter, Diffuse Cerebral Atrophy. Later on patient prescribed with vitamins like thiamine to revive from CNS abnormalities and some benzodiazepines (lorazepam) that reduces stress disorders and anxiety effects. And other symptomatic based medications. Counselling is also one of the superlative aid in alprazolam overdose.

CASE REPORT:

A 80 years male who had history of self taking chronic and overdoses of alprazolam for about 7days and complaints of aggregating during night times. Patient also c/o COPD

Risk factors: chronic smoker, Other relevant history: cough / surgery,

Personal history: chronic smoker and social alcoholic; constipation

On admission, the patient's **vital signs** were:

B.P-140/90mmHg,

P.R- 72/min,

R.R- 20/min,

Spo2-96%

CT-SCAN: Ischaemic Changes in the B/L Periventricular and Fronto Parietal White Matter, Diffuse Cerebral Atrophy, Other elevated laboratory data includes: potassium: 4.6mmol/L; MCV: 98.4 (80-94), Remaining lab reports are normal

Patient because of his work stress suffered from insomnia so pastly he prescribed with alprazolam as minimal dose. But due to feeling same stress even after taking alprazolam as he pastly prescribed to reduce stress but he wont revived with that dose so he often become a habitant of taking chronic and overdoses of alprozalem to redce his stress feeling

The patient is not in a condition to answer the questions about the doses he took and about all his medical history. The above data that I illustaretd was collected from patient care takers.

Treatment: INJ ENOXAPARIN 15ML TID, T.ATORVASATIN 20MG OD, T.OANSEC 40MG BID,T.LONAZEP 0.5MG T.BPLEX FORTE INJ.THIAMINE BID, T.BENFOTAMINE BD, INJ.THIAMINE BD,INJ NEUROIND A/D T, NEBULIZALION IPRATROPIUM BROMIDE AND SALBUTAMOL.OLANZAPINE 50MG OD was started on 3rd day after admission,

In the above prescription LONAZEP was prescribed to cure the panic attack caused by ALPRAZOLEM, OLANZEPINE was prescribed to treat neuropthic problems and some vitamin supplements like BENFOTAMINE (B1), INJ. THIAMINE, and INJ.NEUKIND to induce the brain activity. , NEBULIZALION IPRATROPIUM BROMIDE AND SALBUTAMOL treats the breathing difficulties.

INTRODUCTION

Altered sensorium is defined as a person experiences a change in their perception due to changes in the nervous system 1. Patient may presents with CNS depression to confusion agitation etc. it can be determined by evaluating the level of consciousness. The presentation confusion is often termed with impaired attention , concentration , impersistent speech etc. here we perform cardiovascular exam to determine is there any endocarditis / arrthymias etc ;abdominal exam to determine is there is ascites, tenderness etc and some genitourinary and rectal exam and other general physical examinations includes temperature , pulse, respiratory, blood pressure since high bp and temperature may have a chance to cause acute stroke and abnormal respirartory rate may cause hypoxia or hypercapnia and also measures the levels of drug concentrarion that present in the blood. There is no specific theray and the therapy is based on the cause that intends the altered sensorium 2. Alprazolem is used to treat some panic attacks and in post tramatic stress disorders. Overdose of alprazolem may cause confusion, loss of balance, breathing difficulties etc. when these alprazolem is combined with alcohol the presentations reaches the fatal stage. Initially patient must closely monitored for heart rate and respiratory rate later the treatment based on presentations.flumazenil is an antitode for benzodiazepine overdose but should consciously given in seizures patients since seizures patients are at more risk in taking flumazenil.

DISCUSSION

Based on previous studies concludes that among all benzodiazepines alprazolem is more toxic. 0.25 mg, 0.5 mg and 1 mg strengths, the 2 mg tablet of alprazolam is used for panic disorder. 4 alprazolem generally gives calming effect to entire body. Generally the chronic and overdose effects may vary since it depends on how much he take, whether he take with alcohol or else with any other medications. the resons may vary from person to person like intentionally taking, or else un intentionally or if he may feel undesired effect to get desired may take more drug concentration than he minimally prescribed.over dose of alprazolem may put the patient at higher risk and may cause some serious side effects includes tachycardia, unstable blood sugar,slurred speech, blurred vision etc. alprazolem abuse can be treated based on patient presentations and later on go with counselling sessions.5 In this case the patient treated with the basic drug thiamine later on with medications depends on presentations mainly to revive from panic attacks and breathing problems.

CONCLUSION

Here the intentional Alprazolam overdose to get the desired effect leads to the severe agitating behavior and some congenital anomalies that puts the patient in a confused state and unrelieved sleeplessness which can be revived with vitamin supplements (thiamine) and other benzodiazepines (lorazepam to treat anxiety and panic attacks) to alter and to improve his brain functioning.

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