VIRTUAL MEETING LIVE AND ON-DEMAND SESSIONS POSTERS VOTING TOOLS CHAT ROOMS ... AND A LOT MORE!

A prospective analysis of propranolol exposures reported to the UK National Poisons Information Service (NPIS), 1 June 2019 – 31 May 2020

Objective

To clarify the circumstances surrounding overdose in patients prescribed propranolol.

Methods

Prospective analysis of twelve months' enquiries involving propranolol to the Birmingham and Edinburgh Units.

Results

We received 171 enquiries regarding 164 patients. Most exposures (140) occurred at home; 17 were in prison. Further analysis will concentrate on the 82 (50%) patients who took a deliberate overdose of prescribed propranolol, 22 of whom (27%) had taken overdoses previously. The tablet size was documented in 65 cases: (79%); 10 (n=14), 40 (n=38), 80 (n=12) and 160 mg (n=1). Only 2/65 were sustained release preparations. Median dose of propranolol taken, n=71, was 600 (IQR 260–1240) mg. Median dispensed dose, n=21, was 980 (IQR 560–2240) mg. Propranolol was prescribed for anxiety (n=46), migraine (n=8), mood stabilisation (n=2), hypertension (n=2), and essential tremor (n=1).

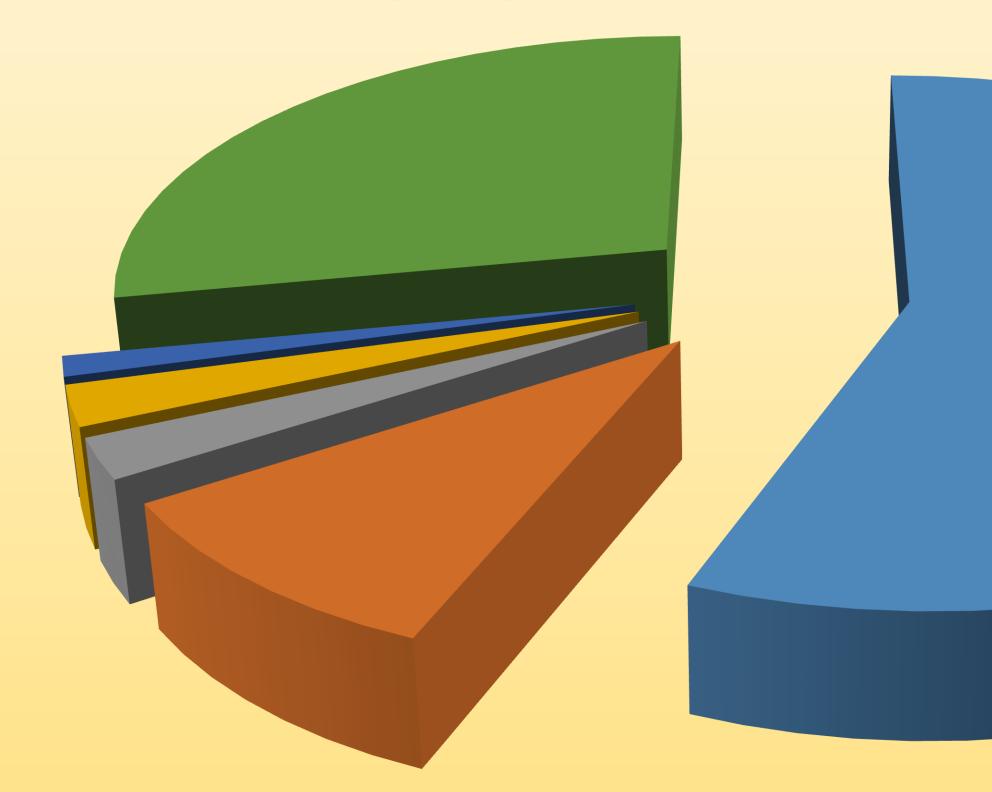


Figure 1: Indications for prescribed propranolol

Of the 46 patients prescribed propranolol for anxiety, 14 (30%) had taken overdoses prior to this exposure, and 16 (35%) suffered severe or fatal poisoning as a consequence of this most recent overdose. Twenty-eight patients took propranolol alone; 52 took it with alcohol and/or other drugs.



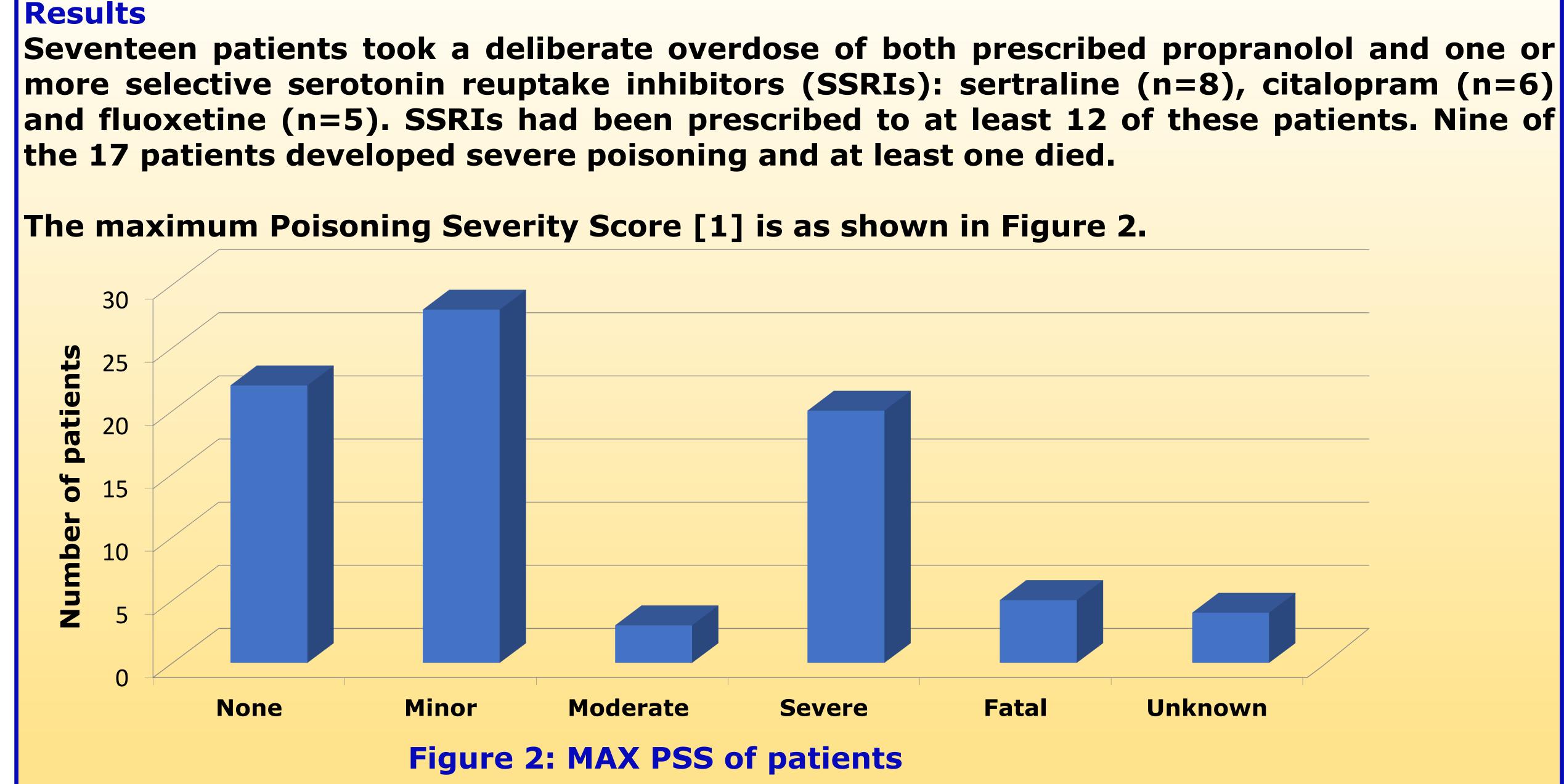
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- Migraine
- Mood stabilisation
- Hypertension
- Essential tremor
- Unknown





In those who developed severe or fatal propranolol toxicity, the median recorded dose, n=17, was 1600 (IQR 1120–3000) mg.

The indications in the five patients who died after taking prescribed propranolol were: anxiety (n=3), migraine (n=1), and unknown (n=1). All had intentionally ingested propranolol with other drugs and the doses, documented in four cases, were 240, 840, 1600, and 2240 mg.

Conclusions

Propranolol had been prescribed for anxiety to more than half of the patients who took a deliberate overdose; 30% had taken overdoses previously and 35% developed severe or fatal poisoning. Coingestion with an SSRI may increase the risk of severe toxicity in those taking propranolol overdoses.

References: 1. Persson HE, Sjöberg GK, Haines JA, De Garbino JP. Poisoning severity score. Grading of acute poisoning. J Toxicol Clin Toxicol. 1998; 36: 205-213.

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