

MORBIDITY AND MORTALITY PREDICTORS IN PATIENTS WITH ACUTE TRICYCLIC ANTIDEPRESSANT TOXICITY

Tricyclic antidepressant drugs are well known classic medications not only for depression but also for other medical indications like nocturnal enuresis and chronic pain. The main of this study is to predict the morbidity and mortality factors in patients with acute TCA toxicity, to assess the effect of intralipid 20% on progression of cases presented by coma and cardiac toxicity with comparison with those taking NaHCO₃ for cardiac toxicity and to detect early evidence of cardiotoxicity using quantitative analysis of Troponin I. Type of TCA ingested was an important risk factor, as it showed a highly significant difference between groups (p. value < 0.0001). The dose of TCA had a highly significant effect (p. value < 0.0001) on severity of toxicity, coma grade and ECG finding, where patients who had the highest dose were in group III (severe toxicity), deep coma (coma grade II, III, IV) and abnormal ECG findings. The indications for intubation in the current study were deep coma, respiratory depression and aspiration of gastric contents constituting 50%, 37.5% and 12.5% of patients respectively. ECG changes are a good outcome toxicity parameter for severity of TCA toxicity (p-value < 0.001). Duration of hospitalization had a highly significant (p-value < 0.001) relation with the severity of toxicity in the studied groups, ECG findings and coma grade. Coma grade is a good outcome toxicity predictor for endotracheal intubation and ICU admission (p-value < 0.001). The time to regain consciousness was significantly lower (p-value < 0.05) in group IIIB (12.10 ± 6.674 hours) than group IIIA (12.163 ± 21.42) hours.

Key words: Tricyclic antidepressant, ECG, coma grade, intralipid 20%.