Lithium interaction

Absence seizures with concomitant fluoxetine: case report

42 days after the addition of fluoxetine 40 mg/day to current lithium therapy at a stabilised dose of 1.6 g/day, a 44-year-old man with major depressive disorder became immobile and was seen to stare into space for a few seconds. Immediately thereafter, he started an activity different from the one being performed prior to the episode.

After his symptoms recurred twice in the ensuing month, the lithium dosage was reduced to 1.2 g/day without incident.

'Since this combination of drugs may be used increasingly in the future, we think that patients receiving this treatment should be carefully monitored.'

Sacristan JA, Iglesias C, Arellano F, Lequenca J. Absence seizures induced by lithium: possible interaction with fluoxetine. American Journal of Psychiatry 148: 146-147, Jan 1991

Increased serum levels with concomitant lisinopril: case report

Three weeks prior to admission, a patient who had been receiving lithium 1500 mg/day for 2 years had her clonidine therapy replaced by lisinopril 20 mg/day. One week later, she developed nausea, diarrhoea, tremor, fatigue and slurred speech. She presented with confusion, incoherency, ataxia, coarse limb and hand tremors, bilateral Babinski signs and elevated lithium concentrations. Her lithium levels had been normal 1 month earlier. Despite withdrawal of all medication, her lithium levels continued to rise, culminating in the onset of right bundle branch block. Emergency support measures were instituted and the patient's symptoms resolved within 3 days. ***'Clinicians should be made aware of this potentially serious drug interaction. One should avoid this combination as suitable alternative antimanic or antihypertensive agents are available.'***

Baldwin CM, Safferman AZ. A case of lisinopril-induced lithium toxicity. DICP Annals of Pharmacotherapy 24: 946-947, Oct 1990

Metoprolol

Polymyalgia rheumatica-like syndrome: case report

A 60-year-old man with a history of hypertension had been receiving metoprolol 100 mg/day and furosemide [frusemide] 40 mg/day for at least 7 years. He presented with bilateral upper leg myalgias, anorexia, fatigue and livedo reticularis on his legs. His haematocrit decreased 2-fold, ESR was increased 10-fold, leucocyte count was slightly raised and serum albumin was below normal. Metoprolol and furosemide doses were reduced to 50 and 20 mg/day, respectively. However, the patient had persistent weight loss, anaemia and myalgias. Metoprolol was withdrawn and within 1-2 months the patient's condition had resolved.

Snyder S. Metoprolol-induced polymyalgia-like syndrome. Annals of Internal Medicine 114: 96-97, 1 Jan 1991

NSAIDs
see Analgesics/NSAIDs

Omega 3 fatty acid

Atherogenic effect: clinical study

Whether the omega 3 fatty acids contained in fish oils confer beneficial or adverse effects on hypertensive patients is a controversial issue. Correlations exist between glucose and lipid metabolism, endogenous sex hormones and BP in patients with essential hypertension. Therefore, a 30-day crossover study was conducted in 13 men with essential hypertension and 13 male volunteers to assess the effects of omega 3 fatty acid on these parameters.

There were no significant differences between omega 3 fatty acid and placebo recipients in BP, HDL cholesterol, VLDL cholesterol, apolipoprotein A1, glucose, insulin, sex hormones and platelet aggregation. However, there were significant increases in omega 3 fatty acid levels in phosphatidylcholine, phosphatidylethanolamine and phosphatidylserine components of the platelet membranes in hypertensives and normotensives after receiving omega 3 fatty acid. Apolipoprotein B and LDL and total cholesterol levels were significantly increased in hypertensive patients receiving omega 3 fatty acid.

'It is suggested that the administration of fish oil supplements to patients with essential hypertension be used with caution and that careful attention should be paid to changes in lipids and lipoproteins.'

Hughes GS, Ringer TV, Watts KC, DeLoof MJ, Francom SF, et al. Fish oil produces an atherogenic lipid profile in hypertensive men. Atherosclerosis 84: 229-237, Oct 1990

Pemoline

Hepatic injury: clinical study

Nehra A, Mullick F, Ishak KG, Zimmerman HJ. Pemoline-associated hepatic injury. Gastroenterology 99: 1517-1519, Nov 1990

Pethidine

Tonic clonic seizures in a patient with hereditary coproporphyria: case report

'... This report suggests that meperidine [pethidine] is not a good analgesic choice in porphyria.' Tonic clonic seizures occurred in a 21-year-old woman with hereditary coproporphyria who received pethidine [meperidine] 225-525 mg/day.

The patient presented with a 4-day history of nausea, vomiting and abdominal pain. The abdomen was diffusely tender on examination, renal function was slightly impaired and x-ray revealed a paralytic ileus. Abdominal pain gradually decreased, and on day 4, the level of coproporphyrin was normal and urinary porphobilinogen was not present. Two seizures occurred on day 5; the pethidine concentration at this time was 580 ng/ml (therapeutic range is 70-500 ng/ml). Pethidine was replaced by hydromorphone and another seizure occurred on day 6. An EEG was consistent with toxic encephalopathy. The patient was discharged on day 11 with no further seizures.

Degg MA, Rajamani K. Normeperidine-induced seizures in hereditary coproporphyria. Southern Medical Journal 83: 1307-1308, Nov 1990

Pyritinol

Development of antinuclear antibodies: case report

'... There was a significant increase of ANA [antinuclear antibody] titre during pyrithioxine [pyritinol] therapy and anti-native DNA antibodies were observed. Regression of these features occurred after pyrithioxine was withdrawn and there was no relapse.'

A 44-year-old woman with a 2-year history of chronic polyarthritis

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was administered pyritinol 400 mg/day after treatment with parenteral gold and hydroxychloroquine had been unsuccessful. At this time immunofluorescence studies revealed a low titre (1/256) of ANA in the absence of anti-DNA antibodies. After 4 months, the patient had a high ANA titre (1/4096) with antidouble-stranded DNA antibodies. Pyritinol was withdrawn and she received diclofenac alone.

Over the subsequent 4 months her ANA titre decreased and the antidouble-stranded DNA antibodies disappeared.

Larbre JP, Perret P, Collet P, Llorca G. Antinuclear antibodies during pyrithioxine treatment. British Journal of Rheumatology 29: 496-497, Dec 1990

Streptokinase

Severe low back pain: case report

Dickinson RJ, Rosser A. Low back pain associated with streptokinase. British Medical Journal 302: 111-112, 12 Jan 1991

Porter NJ, Nikoletatos K. Low back pain associated with streptokinase. British Medical Journal 302: 112, 12 Jan 1991

Suxamethonium

Hyperkalaemia and cardiac arrest: case report S

Cardiac arrest occurred after suxamethonium [succinyl choline] 100mg was administered to a 55-year-old man to facilitate a tracheal tube change. The patient also received propofol 160mg. Hyperkalaemia was observed following the cardiac arrest.

The patient had been admitted 34 days earlier with deteriorating respiratory function following a cardiac arrest and had received suxamethonium 3 times previously without event. During hospitalisation he had also received heparin, methylprednisolone and antibacterials. Resuscitation attempts were successful and the patient made a full recovery.

The authors suspected that the patient had developed disuse atrophy of his muscles because of his long hospital stay and that this had contributed to the reaction observed after suxamethonium administration.

Hemming AE, Charlton S, Kelly P. Hyperkalaemia, cardiac arrest, suxamethonium and intensive care. Anaesthesia 45: 990-991, Nov 1990

Tetanus vaccine

Peripheral nerve disorders: case report S

15 days after vaccination with tetanus toxoid 75 IU, a 39-year-old man presented with pain and loss of force in the right shoulder which were later also noted in the lower limbs. After 1 year of slow improvement, severe loss of force and distal paraesthesia developed in all limbs. Moderate muscular atrophy was noted in both thighs and the right shoulder and distal hypoaesthesia to all forms of sensitivity was evident. Deep tendon reflexes could not be elicited. Following nerve conduction studies, the condition was diagnosed as multifocal demyelinating neuropathy. Slight clinical improvement was noted after 3 months of prednisone treatment.

Paradiso G, Micheli F, Fernandez Pardal M, Casas Parera I. Multifocal demyelinating neuropathy following tetanus vaccination. Medicina-Buenos Aires 50: 52-54, No. 1 1990 [Translated from the original published in Spanish]

Tretinoin

First report of vaginal bleeding: follow-up comment

Worobec SM, Creasy GW, Thorne EG. Topical tretinoin and vaginal bleeding. Annals of Internal Medicine 114: 97, 1 Jan 1991

Tryptophan

Cough and pleural effusion complicating eosinophilia-myalgia syndrome: case report

Shore ET. L-tryptophan induced cough and pleural effusions associated with the eosinophilia-myalgia syndrome. Chest 98: 1540, Dec 1990

Vecuronium bromide

Prolonged paralysis after long term administration: 3 case reports S

Three patients had prolonged paralysis lasting from 5 to > 22 days after cessation of long term vecuronium bromide administration. Each patient had transmission failure at the neuromuscular junction in addition to disuse or infectious myopathy. The authors felt that these events may have been averted if simple peripheral nerve stimulator monitoring had been used.

Case 1: Vecuronium bromide 3-5 mg/hour for 22 days was administered to a 53-year-old man with adult respiratory distress syndrome. On cessation of therapy, the patient had considerable residual neuromuscular blockade and remained unable to lift his arm for 2 weeks. Full muscle strength was regained over several months.

Case 2: An elderly man with chronic renal failure and pneumonia was intubated and paralysed with vecuronium bromide 4-6 mg/hour because of deteriorating respiratory status. Vecuronium bromide was discontinued after 7 days, and the patient had no movement or reaction to stimuli the next day. His paralysis lasted for 2 weeks, and he remained profoundly weak. The patient later died of multisystem organ failure.

Case 3: Deteriorating pulmonary function in a 31-year-old woman prompted pulmonary support and 18 days' neuromuscular blockade with vecuronium bromide 6 mg/hour, increasing to 10 mg/hour. She had undergone removal of a brainstem haemangioblastoma and had developed what appeared to be aspiration pneumonia on postoperative day 6 and herpetic pneumonitis on postoperative day 11.

The woman remained comatose and had flaccid paralysis after cessation of vecuronium bromide . Her muscle strength gradually improved and she was weaned from ventilatory support 29 days later. The patient was discharged on postadmission day 155, and remains at home requiring supplemental oxygen.

The authors recommend that because of their low cost and ease of use, peripheral nerve stimulators should be mandatory in all intensive care units using neuromuscular blockade.

Partridge BL, Abrams JH, Bazemore C, Rubin R. Prolonged neuromuscular blockade after long-term infusion of vecuronium bromide in the intensive care unit. Critical Care Medicine 18: 1177-1179, Oct 1990

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