

# Saturday Night Roulette: Upper, Downer, or Both

Muhammad Syazwan Bin Azahari, Chua Liang Seng, Muhammad Anuar Fahmi Bin Abd Fatah

Emergency and Trauma Department, Hospital Tuanku Fauziah, Kangar, Perlis, Malaysia

No 205

## INTRODUCTION:

About 5 percent of drug abusers in Malaysia are poly-drug abusers[1]. Managing patients intoxicated with two different drug classes presents a challenge during the initial emergency department encounter. We present a case of poly-drug intoxication involving an amphetamine-type stimulant and a benzodiazepine.

## CASE DESCRIPTION:

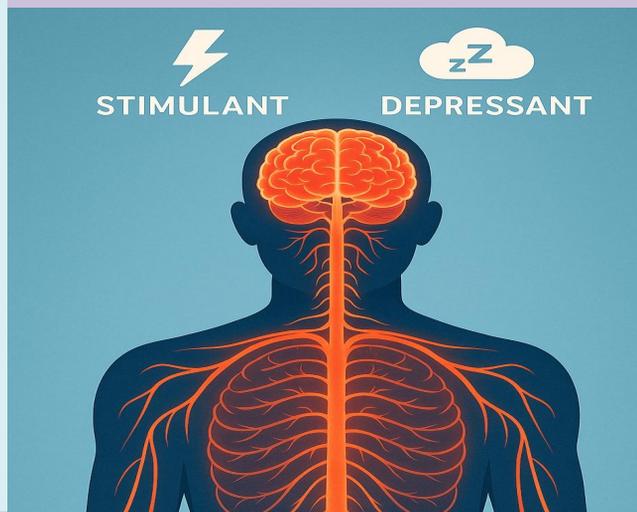
A 45-year-old female with no known medical illnesses or allergies was brought in by ambulance for reduced consciousness. On assessment, she had a patent airway, normal breathing, was saturating well on room air, clear lungs, a blood pressure of 142/88 mmHg, good pulse volume, and a capillary refill time (CRT) under 2 seconds. Her pupils were 4 mm and dilated, non-reactive to light, with hypertonia and hyperreflexia of the bilateral limbs. Her temperature was 37.2 ° C. Other findings were unremarkable. Bedside urine toxicology was positive for benzodiazepine, amphetamine, and methamphetamine. ECG showed sinus tachycardia, no ischemia, and a normal QTc. Cardiac troponin was normal, and other blood tests were unremarkable. Her son reported she attended a party with him and her boyfriend, playing roulette games and consuming cocktails. She was well until home, then developed hyperventilation followed by unconsciousness without jerky movements. Attempts to rouse her failed, prompting an ambulance call. She was managed with intravenous hydration and monitoring. After 30 minutes, she regained consciousness and obeyed commands. She was admitted for observation and discharged stable.

## DISCUSSION:

Benzodiazepines were withheld as she wasn't in crisis. On the other hand, Flumazenil was also withheld due to her stable respiratory system and intact airway reflex. Giving reversal might trigger a sympathomimetic crisis which causes more harm.

## CONCLUSION:

Managing poly-drug intoxication requires identifying the dominant toxidrome and administering antidotes if indicated. Supportive care is equally crucial in these patients.



## REFERENCES:

1. National Anti-Drugs Agency Malaysia, Informations on Drugs 2023. 2023.
2. Zainuddin AM, N.I.N., Low JH, Ghulam Rasool AH, Ramli N. Miran H, Wan Yusuf WN., Urine Drugs of Abuse Testing at Hospital Universiti Sains Malaysia: A Review of Trends from 2009 – 2019. Malaysian Journal of Medicine and Health Sciences, 2022.
3. Steinberg, A., et al., Motivations for concurrent use of uppers and downers among people who access harm reduction services in British Columbia, Canada: findings from the 2019 Harm Reduction Client Survey. BMJ Open, 2022. 12(5): p. e060447.

**KEYWORDS:** Poly-drug interaction, Sympathomimetic toxidrome, Benzodiazepines