Tricyclic antidepressant overdose

I read with interest the highly informative paper by Kerr and colleagues. However, I would like to highlight an important point that the authors have not mentioned. In cases of mixed overdose, of tricyclic antidepressants and benzodiazepines, flumazenil (Anexate) is contraindicated. It has produced convulsions and ventricular arrhythmias in the presence of tricyclics. The mechanism for this interaction is thought to be unmasking of tricyclic antidepressant induced seizures as a consequence of flumazenil antagonising the anticonvulsant effect of concomitantly ingested benzodiazepines. This interaction has resulted in a number of deaths.

In patients presenting after overdose, it is not always easy to obtain a clear and accurate history regarding what substances have been ingested. The administration of flumazenil as a diagnostic aid in these patients is potentially dangerous and should be avoided, particularly if tricyclic antidepressants have been taken.

R Lynch
Accident and Emergency Department, Hull Royal Infirmary, Hull, HU3 2JZ, UK; rlynch@tinyworld.co.uk

References

H R Guly
Derriford Hospital, Plymouth, PL6 8DH, UK

Finding the right words: breaking bad news in sudden death

P A Evans. Produced in collaboration with the Bereavement Group of the A&E Department, Leicester Royal Infirmary and Leicestershire Constabulary. (video 28 minutes; 75+VAT.) Available from Health Education Video Unit, Freepost LE6493, Leicester LE5 2ZJ, UK

This 28 minute training video has been produced by an emergency department together with the Leicestershire Constabulary. Such videos are difficult to make and this is a brave effort to help fill a gap. The authors do not state if they have any special expertise.

There has been a two car road traffic crash with four killed, three of which were in one car. Can any of us say that we cannot learn from reviewing such a scenario? The accompanying workbook explains that the video is meant to provoke discussion rather than be instructional. It is important to realise this because although there are only a few cringe making moments there are other areas that would benefit from discussion!

Four brief scenarios are shown two cases with a police officer and two involving emergency department staff. The scenarios were realistic and all useful to an emergency department. One of these reminds us that a patient can also be a bereaved relative. The emergency staff play themselves but the bereaved are actors. Paradoxically it is the actors who sometimes seem rather wooden or unrealistic (although the cat was particularly natural in the first scene). For example, the relatives in the first scenario seemed very reluctant to go to the hospital, which seemed unlikely. After the scenarios there is general comment on the principles of breaking bad news followed by interviews with relatives who have good and not so good experiences. There is then a final summary from a consultant in emergency medicine.

The accompanying A5, 34 page workbook is well made and easy to handle. It contains much theory and 13 “reflective activities”. Parts of it are good but it is more suited to detailed study than for practical training. It is a shame that the booklet does not relate directly to the scenarios and suggest area for discussion or improvement.

Issues I would have liked to have seen raised in the video include: relatives in the resuscitation room; the breaking of bad news in stages by the link nurse and the principle of giving relatives more autonomy and staff support. I would have liked to have heard more about the local outreach programme, which may have been innovative! The scenarios were not meant to be perfect but I felt that certain things could have been shown for their positive value such as the nurse and doctor speaking to each other before the news is broken and the timing of asking about tissue donation.

In summary, I feel that this training video will achieve its goal and create discussion, (assuming there is a suitable instructor with it!) I will use my copy to help with department training.