

Benzodiazepine overdose produces CNS depression. Lone benzodiazepine exposures usually only require supportive care.

Toxicity / Risk Assessment

Lone benzodiazepine exposures in otherwise well patients usually only require supportive care.

A ceiling CNS effect is reached, even with increasing doses.

More significant toxicity is likely with CNS depressant co-ingestants, co-existing cardio-respiratory illness.

Greater CNS depression and need for intubation, however, is observed following alprazolam overdose or exposure to illicit/non-prescription benzodiazepines

**Illicit/non-prescription benzodiazepines may contain long acting and more potent novel benzodiazepines*

Clinical features:

- CNS depression: drowsiness, ataxia, slurred speech, coma
- Systemic effects in large OD: ↓Temp, ↓HR, ↓BP
- Lone OD – significant coma unlikely
- Paradoxical excitation possible in children

Management

Supportive care is mainstay of management

Protect airway. Intubation may be required. *(More likely with alprazolam, illicit/non-prescription benzodiazepines or co-ingestion of other CNS depressants)*

Decontamination: Activated charcoal (AC) is not indicated because of possible early CNS depression. In rare cases requiring intubation, AC should be administered via NG tube post intubation.

Flumazenil is an effective benzodiazepine antagonist, but is **NOT** routinely indicated because of adverse effects including precipitation of benzodiazepine withdrawal, seizures or unmasking of arrhythmias in mixed drug overdoses.

Possible indications: *(see Flumazenil guideline)*

- Non-benzodiazepine dependent patients with lone benzodiazepine OD and respiratory compromise
- Paediatric patients with respiratory compromise and no co-ingestions
- Iatrogenic/post procedural sedation where over-sedation produces respiratory compromise
- Elderly patients with respiratory compromise where intubation is deemed inappropriate

Disposition

- Severe clinical effects normally resolve in 12-24 hours
- If significant ataxia or drowsiness occurs, observe in hospital until improvement
- Discharge pending mental health assessment if normal conscious state and able to ambulate safely at four hours post ingestion
- Advise patients not to drive for at least 72 hours post exposure