Letter to the Editors

Quinine intoxications: a continuing problem

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In response to 'Quinine intoxications: a continuing problem' [1]. As a clinical team responsible for psychiatric and psycho-social assessment following intentional self-poisoning, we accept the authors data suggesting low numbers of cases compared to prescriptions issued but perhaps its potential also for use as a highly dangerous agent of Deliberate Self-Harm is often overlooked. In a recent case, quinine was taken intentionally by a 55 year-old woman in response to social stressors (it was prescribed to her for nocturnal cramps, she also had a previous history of overdose). Assessment showed a degree of depressive symptoms but with no ongoing suicidal intent. Tragically, however, 7 days post overdose she has been left with a total loss of vision (having no visual impairment prior to overdose). It is generally accepted within the literature that a correlation exists between pain, self-harm and suicide [2], and between pain and depression.

With this in mind, and given the lack of clinical efficacy of quinine, surely a minimum requirement should be a documented caution in the prescribing formularies not to prescribe if there are coexisting risk factors such as depression or previous self-harm. The most effective precaution would obviously be not to prescribe for muscle cramps.

References

- 1 Langford NJ. Quinine intoxications: a continuing problem. *Br J Clin Pharmacol* 2003; 56: 576–8.
- 2 Stenager EN, Stenager E. Physical Illness and Suicidal Behaviour in the International Handbook of Suicide and Attempted Suicide. Wiley, 2000.

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Author's reply

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We are grateful for Mr Taylor reinforcing our views on quinine. Our article drew similar conclusions to their letter, namely that quinine is an extremely toxic agent in overdose. In adults, intentional overdose was the main reason for ingestion, particularly in younger adults, when quinine is rarely prescribed for cramps. In older patients, its role in the treatment of cramps remains disputed. In patients at risk of self-harm, it is difficult to argue that the risk to benefit ratio is favourable. However, if quinine is to be prescribed then regular review is recommended [1].

References

- 1 Joint Formulary Committee. British National Formulary 46. British Medical Association and Royal Pharmaceutical Society of Great Britain, 2003: 502.

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