It is concluded that in these patients the composition of the food did not play an important part in the causation of their dyspeptic symptoms.

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Medical Memoranda

Suicidal Attempt by Imipramine Overdosage

Imipramine ("tofranil") is an iminodibenzyl derivative which has recently been introduced for the treatment of depressive states. While its value in these conditions is still under investigation there have been reports of some side effects, and these include dryness of the mouth, giddiness, tachycardia, disturbances of accommodation, fine tremor, and hypotension (Kuhn, 1957; Kielholz and Battegay, 1958). There has been only one report (Moll, 1959) of the effects following the ingestion of a large quantity, and accordingly it may be of interest to record the following case.

CASE REPORT

A woman aged 29, a trained nurse, suffering from a recurrent depressive illness and previously treated with electric convulsion therapy, had been taking imipramine, 25 mg. t.d.s., for 16 days. At 10 p.m. on February 19, 1959, she took a total of 1,500 mg. of the drug, with suicidal intent, and retired to bed. For the first three-quarters of an hour she experienced no symptoms, and after this she apparently went to sleep. She has no recollection of any dreaming, and woke at 6.30 a.m. the next day in an agitated state, with gross involuntary movements of all her limbs, head, and neck, which she described as being just like those of a fit and of a violent and terrifying nature. She remained in this state for some time, being unable to shout for help. Eventually her mother brought her a morning cup of tea, and, seeing the gross movements, asked what was wrong. The patient was unable to tell her what had occurred, and was only able to mutter meaningless noises. She was, however, able to gesture towards the empty bottle of tablets.

During this period of involuntary movements she was quite conscious and clearly recollected what was happening, even though the movements were completely uncontrollable. She knew what she wanted to say, but was unable to articulate the words. After about one hour the movements in the limbs gradually diminished, those in the right leg being the last to subside. She had no headache, no difficulties with her vision, and no pain. There were paraesthesiae ("pins and needles") of the whole of her body, arms, and legs, and these continued for about one hour after the gross involuntary movements had ceased.

She was taken to the Bristol Royal Infirmary, where her stomach was washed out and the blood-pressure recorded as 100/70. Her admission to Barrow Hospital was then arranged.

On admission, at 10 a.m. on February 20, the most prominent feature was that of a state of over-alertness. Her face showed marked pallor, and the general appearance was that of anxiety. She was restless; she glanced rapidly around the room, and had a fine, rapid tremor of the hands. Her speech was jerky, rapid, and slurred. She had tachycardia (130 beats a minute) and the blood-pressure had risen to 130/90. Her temperature was 99.6° F. (37.55° C.). There was slight difficulty at first on passing urine, which was found to contain ketone bodies (Rothera's test). Her mouth was dry; she had a considerable thirst and no appetite. There was some increase of muscular tone of the cogwheel variety, tendon reflexes were normal, plantar responses were flexor, and objective sensory tests were normal. Her pupils reacted normally to light, but initially there was slight difficulty in accommodation. Her mental state did not appear to be impaired, and she could remember quite clearly the events of the past few hours. She could repeat eight digits forward and six backwards correctly. Her mood was one of depression and marked misery, but without any remorse or guilt because of her suicidal attempt.

Investigations.—Electroencephalograms taken on admission showed a record which was outside the normal limits and had a marked excess of slow activity (this could have been due to either imipramine-induced drowsiness or previous treatment with E.C.T.). Electrocardiograms showed simple tachycardia (rate 120); T wave flattened in lead II and inverted in lead III. Blood count was normal, with eosinophils 110/c.mm.

Progress.—During the next three days there was a gradual improvement in her condition without any special treatment being given. Mentally she remained depressed, and in view of this she was eventually given further E.C.T. The blood-pressure remained stationary, the fever settled, and the tachycardia disappeared.

COMMENT

The interesting features of this case are (1) the gross involuntary movements and dysarthria which occurred a few hours after taking the drug; (2) the lack of marked change of blood-pressure even though the drug has a methonium type of side chain; (3) the paraesthesiae and general atropine-like effects of the drug.

Three salient points are the inability of the drug to prevent a suicidal attempt while being used therapeutically (the dosage of 25 mg. t.d.s. is, however, smaller than the optimum recommended by the makers); the lack of improvement of depression following gross overdose; and the relative safety of the drug in this case when it was taken with suicidal intent.

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