

**December 2019**

**Alert No: 48**

## **Risk of Respiratory Depression when prescribing Combination CNS-depressant drugs**

A sad and complex case which resulted in the death of a service user has prompted this clinical alert.

### **Summary:**

Following a road traffic accident in November 2015, the Deceased was prescribed Oxycodone from October 2016. He was also diagnosed with depression in January 2018 for which he was prescribed Amitriptyline 10 mg. On 16 April 2018, his depression was classified as severe and he was also diagnosed with PTSD and his Amitriptyline was increased to 75 mg daily. Although his community pharmacist reported him looking drugged and confused on 26 April 2018, on 23 May 2018, his amitriptyline dose was increased to 150mg daily. Among other physical health medicines he was also prescribed Pregabalin (See [clinical alert 25](#)). On 27 May 2018, he was admitted to Bedford Hospital with reduced GCS. He was treated in ITU but was not referred to the Psychiatric Liaison Team and his prescribed medications were re-started on the morning of 29 May 2018. On 13 June 2018, his Pharmacist again expressed concern about his presentation as did his family but his medication remained unchanged. He was found deceased at his home on the afternoon of 19 June 2018.

### **Learning points and Actions**

- Oxycodone is a strong opioid used to treat severe post-operative pain, it has double potency to oral morphine for more information see the link [here](#)
- Opiates and opioids have serious side effects including risk of dependence and severe respiratory depression resulting in death. Respiratory depression can be reversed using Naloxone.
- If prescribing psychotropic medicines that cause CNS depression, like Amitriptyline, Pregabalin or antipsychotics
  - Ensure you have a full medicines reconciliation for the patient
  - Check carefully for interactions using trusted resources including the BNF and the product literature <https://www.medicines.org.uk/emc>
  - Ensure you assess the combined risk of sedation, drowsiness and CNS depression
  - Ensure you discuss adverse effects with the patient and explain how to look for these effects and what to do if they happen
- The adverse CNS effects of opioids are additive when used with other centrally acting drugs, including:
  - Alcohol
  - Antidepressants (including Amitriptyline)
  - Pregabalin and Gabapentin
  - Anti-emetics
  - Anti-epileptics
  - Antihistamines
  - Antipsychotics
  - Anxiolytics & hypnotics (including diazepam)
  - Barbiturates
  - Skeletal muscle relaxants