

Clinical Pharmacology & Toxicology Pearl of the Week

~ Carbamazepine ~

- ✓ Carbamazepine (CBZ) is an antiepileptic drug commonly prescribed for seizure disorders, trigeminal neuralgia, neuropathic pain, schizophrenia & bipolar disorder
- ✓ It is structurally related to the Tricyclic Antidepressants (amitriptyline, imipramine, nortriptyline)
- Its mechanism of action involves:
 - Antagonism of inactivated voltage-dependent Na⁺ channels
 - Antagonism of L-type voltage-gated Ca⁺² channels
 - Adenosine receptor agonism (at therapeutic doses) & antagonism (at toxic doses)
 - Anticholinergic properties (antimuscarinic)
 - Serotonin reuptake inhibition
 - Inhibition of glutamate neurotransmission
- ✓ At therapeutic doses CBZ is well absorbed, highly protein bound and has a Vd of 0.8-2.0 L/kg
- ✓ CBZ is largely metabolized by CYP3A4, has several active metabolites that are excreted mostly via the kidneys and should be avoided in CrCl < 60
- ✓ CBZ is a **strong** CYP & P-glycoprotein inducer and has MANY drug interactions; it should NOT be taken with grapefruit juice
- ✓ HLA-B*1502 testing should be considered prior to starting CBZ, especially in patients with ancestry from China, India and Southeast Asia, as these patients are at a significantly increased risk of SJS/TEN
- ✓ Carbamazepine undergoes enterohepatic recirculation, and as such is amenable to multi-dose activated charcoal therapy after overdose
- ✓ Carbamazepine is moderately dialyzable. Dialysis may be considered for severe poisonings, particularly those with recurrent seizures or dysrhythmias

Table 1. Complications of Carbamazepine at Therapeutic Doses and in Toxic Ingestions

Adverse Effects of Carbamazepine Therapy		Acute Carbamazepine Toxicity	
Common	Dizziness	System/Toxidrome	Signs/Symptoms
	Drowsiness	Neurologic	Confusion
	Ataxia		Drowsiness
	Nausea		Ataxia
	Vomiting		Dysmetria
	Constipation		Nystagmus
	Rash &/or photosensitivity		Myoclonus, Dyskinesia
	SIADH		Seizure
Less common / Severe	Vitamin D deficiency		Coma
	Osteomalacia	Cardiovascular	Tachycardia
	SJS/TEN		Hypotension
	DRESS, AGEP		wide QRS
	Myelosuppression (can be severe)	Anticholinergic toxidrome	
	Elevated liver enzymes & hepatitis	Serotonin Syndrome	

The Clinical Pharmacology physician consultation service is available Mon-Fri, 8am-5pm. The on-call physician is listed in ROCA on the AHS Insite page. Clinical Pharmacology consultations are also available through the Netcare e-referral process and through Specialist Link. Our service is also listed in the <u>Alberta Referral Directory</u>. Click <u>HERE</u> for more details about the service.

The Poison and Drug Information Service (PADIS) is available 24/7 for questions related to poisonings. Please call 1-800-332-1414 (AB and NWT) or 1-866-454-1212 (SK). Information about our outpatient Medical Toxicology Clinic can be found HERE.

More CPT Pearls of the Week can be found **HERE**.