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News From the ASA:
Over-the-Counter Drug Abuse
The American Society of Anesthesiologists (ASA) is concerned about the abuse of over-the-counter medications. There seems to be a public perception that if a medication can be purchased without a prescription, then it can't really cause any harm.

The truth is that, even though these medications are an important tool for consumers to use in treating their own minor illnesses, these products are safe only if used according to package directions.

Anesthesiologists, particularly those involved in critical care medicine, often are called upon to care for patients who are in very serious condition because they have taken an overdose of an over-the-counter drug.

A recent fad among teens and young adults is the abuse of cough and cold medicines containing the ingredient dextromethorphan, or DXM, in order to get high. When taken in large quantities, this ingredient can cause nausea, vomiting, life-threatening seizures, hallucinations, and even death. At least 14 people have died from taking excessive amounts of DXM.

Would you recognize these symptoms in a family member or friend?

Here are some other symptoms that DXM abusers may experience:

- Confusion
- Impaired judgment and mental performance
- Blurred vision
- Slurred speech
- Loss of coordination
- Rigid motor tone and involuntary muscle movement
- Tremor
- Dizziness
- Excessive sweating
- Irregular heartbeat
- Numbness of fingers or toes
- ASA urges young people and their parents to be aware of the dangers of experimenting with DXM or any drug found in over-the-counter products.

In addition to the symptoms mentioned above, parents should watch for clues such as:

- Bookmarked Web sites about "robotripping" or DXM
- Packages of cough medicines containing dextromethorphan

- Sleep masks or cotton balls in a teen's room, indicating they may using sensory deprivation to enhance the DXM "high"

Did you know?

Critical care anesthesiologists are uniquely positioned to help overdose patients survive, due to their extensive training in airway management, respiratory support and cardiovascular resuscitation. Here are some of the ways that this training helps anesthesiologists and critical care physicians to treat these patients:

When people have abused certain drugs, the normal protective reflexes no longer work, and they cannot protect their own airway. Anesthesiologists are well trained in airway management, or helping patients to breathe and avoid choking.

Drug overdoses can cause some form of abnormal heart rhythm or heart collapse. Anesthesiologists have excellent skills in the areas of resuscitation pharmacology and cardiovascular support.

To treat overdose patients, physicians often give them medications to reverse the drug's effects. Because a critical care anesthesiologist understands the pharmacological interactions between illicit drugs and controlled substances, his/her choice of what medications to use to reverse the overdose effect may be better or different than a physician that does not have this extensive training.

More about critical care

Here are some more facts about how anesthesiologists function in the critical care setting.

- For nearly 50 years anesthesiologists have been working in a critical care setting.
- Critical care anesthesiologists go through additional training for one or more years. A certificate of special qualifications in critical care medicine is awarded by the American Board of Anesthesiology to those who pass the examination process.
- Critical care is part of the anesthesiology residency. Currently two months are required and this soon may increase to 6 months.
- There are 50 anesthesiology programs in the U.S. that offer fellowship training in critical care.
- Although all anesthesiologists are trained to treat critically ill patients, some make this their practice exclusively.
- Formally trained critical care anesthesiologists provide intensive diagnostic and therapeutic interventions within the Intensive Care Unit.
- The breadth and depth of critical care services vary considerably but some of the functions include:
    - Ventilator management
    - Blood circulation management (hemodynamic)
    - Fluid management
    - Blood oxygenation
    - Pain management
    - Neurological evaluation
    - Emergency airway management
    - Diagnostic studies
- Despite the wide spectrum of clinical problems for which a patient might require ICU care, studies have consistently documented improved care, reduced length of stay, reduced cost, and improved morbidity and mortality and better patient safety.