

Lithium overdose causing non-convulsive status epilepticus: the importance of lithium levels and the electroencephalography in diagnosis

To the Editor—We read the case reported by Yip et al¹ with interest. The authors recommended haemodialysis as the mainstay of treatment in lithium overdose and forced alkaline diuresis as an alternative. We certainly agree that haemodialysis is an effective means of enhancing lithium elimination. In fact, the threshold for haemodialysis can be lowered in acute on chronic and chronic overdoses. It is worth stressing, however, that supportive care, including providing adequate hydration and maintaining good urine output to maximise renal excretion, is also important. Concerning the recommendation for forced alkaline diuresis, there is no convincing evidence that it provides a greater clinical benefit than simply providing adequate hydration.² In view

of the risks incurred by using forced alkaline diuresis, such as fluid overload, potassium shift and over-alkalinisation, it should no longer be considered a treatment alternative.

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References

1. Yip KK, Yeung WT. Lithium overdose causing non-convulsive status epilepticus—the importance of lithium levels and the electroencephalography in diagnosis. *Hong Kong Med J* 2007;13:471-4.
2. Waring WS. Management of lithium toxicity. *Toxicol Rev* 2006;25:221-30.