

A cautionary note on the use of intravenous metoclopramide

To the Editor—I am perplexed by Lau et al's article describing circulatory collapse after metoclopramide administration.¹ Although a causative effect was suggested, the dose and rate of administration of the metoclopramide was not mentioned. The proposal that serotonin autoinhibition was a cause of the collapse, based on an animal study² done to explain sudden infant death syndrome, is intriguing.

The authors also failed to elaborate on the uncommon but well-documented incidents of intravenous metoclopramide-induced asystole and/or hypotension. Impairment of the autonomic nervous system may be a common predisposing factor. When tested in nine adults with autonomic failure, an intravenous dose of 5 mg of metoclopramide consistently lowered systolic and diastolic blood pressures, starting at a mean of 33 seconds.³ Withington⁴ reported a 54-year-old man who developed complete heart block and asystole that lasted for 25 seconds after receiving 10 mg of

metoclopramide post-pancreatectomy. Grenier and Drolet⁵ described a 66-year-old woman with diabetes who required external cardiac massage for asystole after receiving 10 mg of metoclopramide post-mastectomy. In a similar case reported by Bentsen and Stubhaug,⁶ cardiac arrest was ascribed to the rapid intravenous injection of metoclopramide via the central venous route.

Thus, the report by Lau et al¹ reminds us that intravenous metoclopramide may occasionally cause serious consequences. A slow intravenous infusion over at least 2 minutes may be associated with fewer side-effects.

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