# Benztropine

**Overdose may result in severe anticholinergic toxicity.**

## Toxicity / Risk Assessment

*Anticholinergic toxicity may occur following any supra-therapeutic exposure*

*Onset of clinical effects is usually within 1-2 hours*

*Maximal effects within occur within 6 hours, but may last for days following large ingestions*

**Clinical features:**

- **Anticholinergic features -** tachycardia, sedation with intermittent agitation, urinary retention
- **CVS -** postural hypotension, hypotension in large overdose
- **Central symptoms** – CNS depression, agitated delirium, tremor, myoclonus, coma, seizures (rare)
- **Peripheral symptoms –** mydriasis, dry skin and mucous membranes

## Management

Management is supportive

**Decontamination**:

Activated Charcoal 50g should be offered to alert cooperative patients within two hours of ingestion

**Agitation**

- Check for urinary retention and signs of anticholinergic delirium

**Anticholinergic delirium**

- Exclude urinary retention
- Supportive care +/- titrated doses of diazepam (5-10 mg oral 30 minutely PRN or IV 10-15 minutely PRN)
- Consider physostigmine (discuss with clinical toxicologist – see separate guideline)
- Droperidol may be required in severe behavioural disturbance resistant to benzodiazepines

**Seizures**

- Benzodiazepines: Diazepam 5 mg IV every 5 minutes as required

**Disposition**

- Discharge pending mental health assessment if not sedated, normal CVS status, normal ECG, and has passed urine at 6 hours post exposure
- Advise patient not to drive for at least 72 hours post exposure