

To: All Washington State Emergency Departments

From: William T. Hurley, MD, FACEP
Medical Director, Washington Poison Center

Date: January 18, 2011

Subject: Ecstasy and Hyponatremia

Recently there have been several poor outcomes, including one death, in Washington State related to hyponatremia after Ecstasy abuse.

Ecstasy or MDMA (3,4-methylenedioxymethamphetamine) is also known as: X; XTC; E; M; Adam; Beans; Rolls.

Ecstasy is a synthetic amphetamine used as a hallucinogenic, commonly used in the rave scene. Available as a tablet, capsule, powder, and liquid; however, it is most commonly used in tablet form.

Acute effects: anxiety, tachycardia, and elevated blood pressures.

Associated symptoms include diaphoresis, bruxism, paresthesias, dry mouth, increased psychomotor activity, and blurred vision.

Ecstasy causes massive serotonin release. *Serotonin syndrome*, characterized by hyperthermia, mental status changes, autonomic instability, and altered muscle tone and/or rigidity, may be seen in ecstasy overdose.

Ecstasy use can cause SIADH and hyperthermia. At raves, ecstasy users are often cautioned about overheating and urged to drink a lot of water. Consumption of large amounts of water can increase the risk of hyponatremia and seizures in these patients.

Recommendation: In evaluating a patients who has ingested ecstasy, consider checking electrolytes to rule out hyponatremia. Treat hyperthermia aggressively (rapid external cooling) if needed, as antipyretics will not be effective. Treatment for other clinical effects of ecstasy, including serotonin syndrome, is generally supportive, including benzodiazepines and IV fluids as first line therapy.



If you have questions about this topic or any suspected poisoning case in your area, please contact the Washington Poison Center at 1-800-222-1222. We have nurses, pharmacists, poison specialists, & Medical Toxicologists available 24/7. Email alerts@wapc.org to request these updates by email.