CONDITION

Lomotil overdose

Lomotil overdose is poisoning from too much diphenoxylate and atropine, which can dangerously slow breathing.

WHAT IT IS
Toxic effects from too much diphenoxylate and atropine

BODY SYSTEM
Breathing, nervous, digestive, and heart systems

MAIN SYMPTOMS
Slow breathing, extreme sleepiness, pinpoint pupils, fast heartbeat

WHAT CAUSES IT
Excess diphenoxylate-atropine from accidental or intentional ingestion

HOW IT IS DIAGNOSED
Exposure history, examination, oxygen monitoring, targeted toxicology testing

MAIN TREATMENT
Airway support, naloxone, monitoring, and supportive hospital care

CAN IT BE CURED?
Yes - prompt treatment can reverse toxic effects

IS IT AN EMERGENCY?
Yes - suspected overdose or slow, difficult breathing

LONG-TERM OUTLOOK
Full recovery common; oxygen deprivation may cause lasting harm

Overview

Lomotil is a prescription medicine used to treat diarrhea. It contains diphenoxylate, an opioid-related drug that slows movement through the intestines, and atropine, a drug added in a small amount to discourage misuse.

A Lomotil overdose happens when someone takes enough of the medicine to cause harmful effects. This may happen by mistake, through repeated extra doses, after a child swallows the tablets, or through intentional use.

Too much diphenoxylate can affect the brain areas that control breathing. Too much atropine can cause overheating, confusion, a fast heartbeat, dry skin, and other problems. A person may show signs of either type of poisoning or a mixture of both.

Symptoms can be delayed. Someone may appear well at first and then become very sleepy or develop slow breathing hours later. Symptoms can also return after improving because the effects of Lomotil may last longer than the antidote used to reverse opioid poisoning.

Suspected overdose needs immediate advice from emergency services or a poison center. Do not wait for symptoms to develop.

Symptoms

Diphenoxylate poisoning often resembles an opioid overdose. The person may become unusually sleepy, difficult to wake, confused, or unresponsive. Breathing may become slow, shallow, irregular, or stop. The pupils may become very small.

Possible opioid-related signs include:

Atropine can produce a different group of symptoms, sometimes before the opioid effects appear. These may include a fast heartbeat, flushed or hot skin, fever, dry mouth, wide pupils, blurred vision, agitation, confusion, or hallucinations. Urination may become difficult, and the intestines may slow or stop moving normally.

Severe poisoning can cause seizures, coma, abnormal heart rhythms, very high body temperature, or dangerously low oxygen levels.

Children can become seriously ill after swallowing Lomotil. Their symptoms may be delayed and may change from agitation or flushing to sleepiness and slow breathing. Any possible ingestion by a child needs urgent poison-center or emergency assessment, even if the child currently seems well.

- Extreme sleepiness or loss of consciousness
- Slow, shallow, or difficult breathing
- Pinpoint pupils
- Weak muscles or reduced reflexes
- Bluish, gray, or unusually pale lips and skin
- Vomiting or choking

Causes and risk factors

Overdose occurs when more diphenoxylate and atropine enter the body than it can safely process. There is no single amount that causes the same effects in everyone.

Common situations include taking an extra dose after forgetting an earlier one, taking repeated doses because diarrhea continues, confusing Lomotil with another medicine, or combining products that contain the same ingredients. Accidental childhood ingestion is particularly dangerous.

Alcohol and medicines that slow the brain can increase sedation and breathing problems. These include opioids like oxycodone or morphine , sleeping medicines, some anxiety medicines, and other sedating drugs. The risk may be greater when several substances are taken together.

Using Lomotil in a way that was not prescribed, including taking it for opioid-like effects, can also lead to poisoning. Intentional overdose may involve other medicines or alcohol, which can make the illness more complex.

Keep the package or medicine bottle if it is safe to do so. The label helps emergency staff identify the ingredients and tablet strength. Do not delay calling for help while searching for it.

Diagnosis

There is no reliable home test for Lomotil overdose. Diagnosis is based on what may have been taken, the person's symptoms, and findings from an examination.

Emergency staff will check breathing rate, oxygen level, heart rate, blood pressure, temperature, pupil size, and level of alertness. Continuous heart and oxygen monitoring may be needed. A test that measures carbon dioxide in exhaled air can help detect inadequate breathing early.

An electrocardiogram, or ECG, records the heart's electrical activity. Blood tests may be used to check blood sugar, organ function, acid levels, and possible complications. Testing for other common overdose substances may be appropriate when the amount or contents taken are uncertain.

Routine urine opioid screens may not reliably identify diphenoxylate. A negative screening test therefore does not rule out Lomotil poisoning. Specialized toxicology testing may identify the drug or its breakdown products, but treatment should not be delayed while waiting for results.

Improvement after naloxone supports opioid poisoning, although it does not prove that Lomotil was the only substance involved.

Treatment and management

Lomotil overdose is treated in an emergency department and, when needed, in hospital. The priorities are keeping the airway open, supporting breathing, and monitoring for delayed or returning symptoms.

Naloxone is an antidote that can temporarily reverse opioid effects, including dangerously slow breathing. It may be given through the nose, into a muscle, or through a vein. More than one dose or a continuous infusion may be needed because naloxone can wear off before diphenoxylate and its active breakdown product do.

If naloxone is available and the person has signs of an opioid overdose, use it according to the product instructions while someone calls emergency services. Naloxone will not harm a person simply because the cause turns out not to be an opioid. It does not replace emergency assessment.

Rescue breathing, oxygen, or a breathing tube and ventilator may be required if breathing remains inadequate. Other hospital treatment may include intravenous fluids, temperature control, seizure treatment, and care for abnormal heart rhythms or low blood pressure.

Activated charcoal may sometimes be considered soon after an ingestion. It must be used under professional direction because a sleepy person can inhale it into the lungs. Do not give charcoal, food, drinks, or medicines unless a poison specialist or emergency professional instructs you to do so. Do not make the person vomit.

Observation may continue after the person seems better. This is important because serious breathing problems can be delayed or return after naloxone wears off.

Complications

The main danger is respiratory depression, meaning breathing becomes too slow or shallow to supply enough oxygen. Prolonged oxygen deprivation can injure the brain, heart, and other organs.

A person who vomits while very sleepy may breathe stomach contents into the lungs. This is called aspiration and can cause choking or lung inflammation.

Other possible complications include seizures, abnormal heart rhythms, overheating, severe confusion, coma, and stopped breathing. Reduced bowel movement can lead to marked abdominal swelling or a temporary blockage-like condition.

Death is possible in severe untreated poisoning. Prompt breathing support and naloxone greatly improve the chance of recovery, but the outcome also reflects how long the brain and organs were without enough oxygen and whether other substances were taken.

Prevention

Most Lomotil overdoses can be prevented. However, mistakes can still happen even when medicines are used carefully.

Take Lomotil only as directed on its label or prescription. Do not take extra doses because diarrhea has not improved, and do not combine it with alcohol or other sedating substances unless a healthcare professional has confirmed that this is safe.

Keep Lomotil in its original, child-resistant container. Store it locked away and out of sight rather than in a bag, bedside drawer, or weekly pill organizer accessible to children. Child-resistant packaging reduces risk but is not childproof.

Do not share the medicine. Keep track of the number of tablets if someone in the household has a history of medication misuse, confusion, or memory problems. Return unwanted medicine through a pharmacy or community take-back program when one is available.

If a dose is taken incorrectly, contact a poison center promptly rather than waiting for symptoms. Early advice can clarify whether home observation is appropriate or emergency assessment is needed.

Living with it and what to expect

Lomotil overdose is usually an acute event rather than a long-term condition. Symptoms generally unfold over hours to days. Hospital monitoring may continue longer than expected because breathing problems can be delayed or recur.

Many people recover fully when poisoning is recognized and treated before prolonged oxygen deprivation occurs. After discharge, tiredness or stomach symptoms may take time to settle. Follow the discharge instructions about activity, medicines, and routine follow-up.

Persistent breathing difficulty, confusion, unusual sleepiness, weakness, or new neurological symptoms are not expected parts of routine recovery. They need prompt medical review.

If the overdose resulted from a medication mistake, follow-up can focus on safer storage, simpler dosing routines, and checking for interacting medicines. If it was intentional or connected with substance use, ongoing mental health or addiction support can reduce the chance of another crisis. This care is part of recovery, not a punishment.

Long-term problems are uncommon after an uncomplicated recovery. Severe oxygen deprivation can cause lasting difficulties with memory, movement, communication, or daily activities. The course in that situation depends on the extent of the injury and the person's response to rehabilitation.

When to get medical help

Call emergency services now if someone who may have taken Lomotil:

Give naloxone if it is available and opioid overdose is suspected. Begin rescue breathing or cardiopulmonary resuscitation if needed and if you know how. Place a breathing but unconscious person on their side to reduce choking risk. Stay with them until help arrives.

For any suspected overdose without symptoms, contact a poison center immediately. In the United States, Poison Help is available at 1-800-222-1222 . Elsewhere, call your local poison center or emergency service. Do not wait for sleepiness or breathing changes, especially after a child's possible ingestion.

Routine follow-up is appropriate after emergency treatment to review recovery, diarrhea care, medication safety, and any emotional or substance-use concerns. New or worsening drowsiness or breathing trouble after discharge is urgent, not a routine follow-up issue.

- Is difficult to wake or cannot stay awake
- Has slow, shallow, irregular, or stopped breathing
- Has blue, gray, or very pale lips or skin
- Has a seizure, collapses, or becomes unresponsive
- Shows severe confusion, extreme agitation, or dangerous overheating

Common questions

How much Lomotil causes an overdose?

There is no amount that is safe to treat as an overdose threshold at home. Risk is affected by age, body size, other medicines, and the amount swallowed. Any extra ingestion associated with symptoms, any intentional overdose, or any possible ingestion by a child needs immediate expert advice.

How quickly do overdose symptoms start?

Symptoms may begin within a few hours, but serious effects can be delayed. A person who appears well at first can later become very sleepy or develop slow breathing. This is why poison-center advice and medical observation may be needed even before symptoms appear.

Can naloxone reverse a Lomotil overdose?

Naloxone can reverse the opioid effects of diphenoxylate, especially slow breathing and unconsciousness. Its effect may be shorter than Lomotil's, so symptoms can return and

repeated treatment may be necessary. It does not reverse atropine-related symptoms.

What should I do if a child may have swallowed Lomotil?

Call a poison center or emergency service immediately. Do not wait for symptoms, make the child vomit, or give food or drinks unless instructed. Keep the medicine container available for identification.

Will Lomotil show up on a standard drug test?

Routine opioid screening may not detect diphenoxylate or may give uncertain results. Emergency treatment is based on the possible exposure, symptoms, examination, and breathing status rather than a standard drug screen alone.

Can someone recover fully from a Lomotil overdose?

Yes. Full recovery is common when breathing remains adequate or is restored promptly. Lasting harm is more likely when severe oxygen deprivation, aspiration, seizures, or another poisoning occurs.

Sources

- DailyMed: LOMOTIL - diphenoxylate hydrochloride and atropine sulfate tablets , U.S. National Library of Medicine
- MedlinePlus: Diphenoxylate , U.S. National Library of Medicine
- Poison Help , America's Poison Centers
- Opioid Toxicity and Withdrawal , Merck Manual Professional Edition
- Diphenoxylate and Atropine , StatPearls, National Center for Biotechnology Information