CONDITION

Secobarbital overdose

Secobarbital overdose is dangerous poisoning that slows consciousness, breathing, and circulation.

WHAT IT IS
Dangerous poisoning from too much secobarbital

BODY SYSTEM
Nervous system, breathing, heart and circulation

MAIN SYMPTOMS
Extreme sleepiness, slow breathing, confusion, loss of consciousness

WHAT CAUSES IT
Too much secobarbital, often with other depressants

HOW IT IS DIAGNOSED
Clinical assessment, blood tests, sometimes a secobarbital level

MAIN TREATMENT
Emergency supportive care for breathing and circulation

CAN IT BE CURED?
Yes - prompt treatment can reverse poisoning

IS IT AN EMERGENCY?
Yes, any suspected overdose

LONG-TERM OUTLOOK
Often good unless severe oxygen deprivation causes injury

Overview

Secobarbital is a barbiturate, a type of sedative that slows activity in the brain. It has been used for short-term treatment of severe insomnia and as a sedative before procedures. It can also cause physical dependence.

A secobarbital overdose happens when the drug slows the brain and body more than intended. A person may become deeply unconscious, breathe too slowly, develop low blood pressure, or lose the ability to protect their airway. Alcohol, opioids like oxycodone or morphine , benzodiazepines like diazepam or lorazepam , and other sedatives can make these effects much stronger.

Any suspected secobarbital overdose is a medical emergency. Do not wait for symptoms to become severe. Someone who initially appears only sleepy can become unresponsive as more

of the drug is absorbed.

There is no specific antidote that directly reverses secobarbital. Treatment supports breathing, circulation, and other body functions while the drug is cleared. Prompt emergency care can lead to a full recovery.

Symptoms

Symptoms reflect the slowing of the brain, breathing, and circulation. Early effects can resemble severe alcohol intoxication.

Possible symptoms include:

The pupils may be normal, small, or enlarged, so pupil size alone cannot identify secobarbital poisoning. Symptoms can also be changed by other substances taken at the same time.

A sleeping person should normally respond to a loud voice or gentle shaking. Someone who cannot be awakened, is breathing abnormally, or has blue or grey lips needs emergency help immediately.

- Unusual or extreme sleepiness
- Confusion, slurred speech, or poor coordination
- Shallow, slow, irregular, or stopped breathing
- Weak pulse or low blood pressure
- Reduced response to voices, touch, or pain
- Loss of consciousness or coma
- Low body temperature, with cool or clammy skin
- Vomiting, sometimes followed by choking or inhaling vomit
- Blisters or skin damage after lying still for a long time

Causes and risk factors

An overdose may follow an accidental extra dose, taking someone else's medicine, intentional self-harm, or using secobarbital for its sedating effects. Children can be poisoned after finding unsecured capsules.

Combining secobarbital with other substances that slow the central nervous system greatly increases the danger. These include alcohol, opioid pain medicines or illicit opioids,

benzodiazepines, sleep medicines, some antihistamines like cetirizine or loratadine , and certain muscle relaxants.

Other factors that can increase the risk or severity include:

Tolerance means the body becomes less responsive to a drug after repeated use. A person may take increasing amounts to get the same effect, but tolerance to sedation does not reliably protect breathing or circulation.

Counterfeit capsules may contain different drugs from those shown on the label. Their contents and strength cannot be predicted.

- Taking more after the first dose does not seem to work
- Using secobarbital without knowing its strength or source
- Reduced tolerance after a period without the drug
- Long-term use, dependence, or escalating use
- Lung, liver, kidney, or serious heart problems
- Older age or frailty
- Taking several drugs together during an intentional overdose

Diagnosis

Emergency clinicians begin treatment based on the person's condition rather than waiting for a specific test. They check the airway, breathing rate, oxygen level, blood pressure, heart rhythm, temperature, and level of consciousness.

Information about what was taken is helpful. This may come from the person, witnesses, medicine containers, pharmacy records, or items found nearby. Clinicians also look for alcohol, opioids, acetaminophen, and other substances because mixed overdoses are common.

Tests may include:

A secobarbital blood level may help confirm exposure, but it may not be quickly available. The number does not always match the severity of symptoms, especially when other drugs are involved. A general drug screen also cannot show exactly how impaired someone is.

Conditions such as stroke, head injury, infection, opioid poisoning, or very low blood sugar can look similar. Emergency teams assess for these possibilities without delaying supportive treatment.

- Blood glucose, because low blood sugar can also cause unconsciousness

- Blood gases to assess breathing and acid levels
- Kidney and liver function, salts, and other routine blood tests
- An electrocardiogram, or ECG, to check the heart's electrical activity
- Tests for common co-ingested medicines when appropriate
- A urine or blood drug screen for barbiturates

Treatment and management

Treatment usually takes place in an emergency department. Severe poisoning may require intensive care.

The first priority is keeping oxygen moving into the lungs. The care team may reposition and suction the airway, provide oxygen, or assist breathing. A breathing tube and ventilator may be needed if the person cannot breathe adequately or protect the airway from vomit.

Heart rate, blood pressure, oxygen level, temperature, and consciousness are monitored closely. Intravenous fluids and medicines that support blood pressure may be used when circulation remains too low. Warming measures can treat a low body temperature.

Activated charcoal can bind some drug remaining in the digestive tract. It is considered only in selected situations, usually soon after ingestion and when the airway can be protected. Giving charcoal or trying to cause vomiting at home can lead to choking and should not be attempted.

There is no secobarbital-specific antidote. Naloxone reverses opioids, not barbiturates, although emergency responders may give it if opioid exposure is possible. Flumazenil, a medicine used in limited cases of benzodiazepine sedation, does not reverse secobarbital.

Procedures that remove drugs from the blood, such as dialysis, are not routine for secobarbital overdose. A toxicology or poison specialist may consider advanced options in unusual, life-threatening cases.

If the overdose may have been intentional, care also includes a compassionate mental health and safety assessment after the immediate medical danger has passed. People with physical dependence may need medically supervised management because suddenly stopping barbiturates can cause dangerous withdrawal.

Complications

The main immediate danger is respiratory failure, meaning breathing becomes too weak to

supply enough oxygen. Prolonged oxygen deprivation can injure the brain or other organs.

Other possible complications include:

These complications are more likely when treatment is delayed, the amount is large, or alcohol and other sedatives were also taken.

- Vomit entering the lungs, causing inflammation or pneumonia
- Very low blood pressure and shock
- Muscle breakdown after lying still, which may harm the kidneys
- Pressure injuries, nerve damage, or skin blisters
- Abnormal heart rhythms
- Coma or death

Prevention

Secobarbital overdose is often preventable. Use it only as directed on its prescription label, and do not take an extra dose because sleep has not occurred as quickly as expected.

Do not combine secobarbital with alcohol or non-prescribed sedatives. Before using any other medicine that causes sleepiness, check with a pharmacist or the clinician responsible for your prescription.

Keep secobarbital in its original, labelled container. Store it locked away from children, visitors, and anyone for whom it was not prescribed. Do not share it.

Return unused capsules through a medicine take-back program when one is available. Follow local disposal instructions rather than leaving unwanted medicine in an unlocked cabinet.

If you have been taking secobarbital regularly, do not stop suddenly without medical advice. Barbiturate withdrawal can cause agitation, confusion, hallucinations, or seizures. A planned reduction may be needed.

Living with it and what to expect

Secobarbital overdose is an acute poisoning rather than a lifelong condition. Recovery time is influenced by the amount taken, other substances involved, complications, and the person's general health.

Some people improve as the drug is cleared and recover without lasting effects. Others need breathing support or intensive monitoring for longer. Even though secobarbital is considered a

shorter-acting barbiturate, severe overdose effects can continue for many hours and sometimes longer.

After discharge, temporary tiredness, poor concentration, muscle soreness, or patchy memory of the event may occur. Follow-up is important if there was pneumonia, kidney injury, a fall, prolonged unconsciousness, or another medical complication.

If the overdose involved intentional self-harm, ongoing support may include mental health care and a safety plan. If dependence or non-medical drug use contributed, treatment can address withdrawal risk, cravings, sleep problems, and safer long-term care. These are routine follow-up needs after the immediate emergency has resolved.

Permanent disability is not inevitable. However, a long period without enough oxygen can cause lasting brain injury. The hospital team can give more specific information once the person is awake and complications have been assessed.

When to get medical help

Call emergency services now for any suspected secobarbital overdose, even if the person is awake or says they feel well. Also get emergency help if someone who may have taken secobarbital:

In the United States, call 911 for severe symptoms and Poison Control at 1-800-222-1222 for immediate poisoning guidance. In other countries, call the local emergency service or poison centre.

While waiting for help, stay with the person. If they are unconscious but breathing, place them on their side if you can do so safely. If they are not breathing normally, begin CPR if you are able and follow the emergency dispatcher's instructions.

Do not make the person vomit. Do not give food, drinks, coffee, or a cold shower. Do not let them "sleep it off," and do not have them drive to hospital. Bring the medicine container and information about other substances if this can be done safely.

Routine follow-up is appropriate after emergency treatment for ongoing fatigue, mood symptoms, dependence, sleep concerns, or complications identified in hospital. New breathing difficulty, worsening confusion, fainting, or inability to stay awake remains urgent.

- Cannot be awakened or is becoming less responsive
- Has slow, shallow, irregular, noisy, or stopped breathing
- Has blue, grey, or unusually pale lips or skin

- Collapses, has a seizure, or cannot stand safely
- Has taken alcohol, opioids, or other sedatives as well
- May have taken the drug to harm themselves

Common questions

How long does a secobarbital overdose last?

Severe sleepiness and slowed breathing may last for many hours. Effects can continue longer after a large amount, delayed absorption, organ problems, or use with other sedatives. Hospital monitoring continues until breathing, circulation, and alertness are reliably stable.

Is there an antidote for secobarbital?

No specific antidote reverses secobarbital. Treatment keeps the airway, breathing, blood pressure, and temperature stable while the body clears the drug. This supportive care can be lifesaving.

Will naloxone reverse a secobarbital overdose?

Naloxone does not reverse barbiturates. It may still be used when an opioid could also have been taken because mixed overdoses are common. Emergency help is needed even if naloxone makes the person more alert.

Can I wake someone who overdosed?

Do not rely on walking, shaking, coffee, or a cold shower. If the person does not respond normally to a loud voice and gentle stimulation, call emergency services. Monitor breathing and follow the dispatcher's instructions.

Can a secobarbital overdose cause permanent damage?

It can, particularly if breathing stops or remains inadequate long enough to deprive the brain of oxygen. Many people recover without permanent injury when treatment begins promptly, but the outcome cannot be predicted at home.

What if I took too much but still feel fine?

Call emergency services or a poison centre immediately. Symptoms may worsen as the drug is absorbed, and other substances can change the course. Do not wait for sleepiness or breathing problems to begin.

Sources

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