“Because I got high”
Flubromazolam: A Novel Designer Benzodiazepine
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Reports took ‘legal high’ Flubromazolam purchased online from China. Also took oxycodone, ketamine, cannabis and possibly heroin.

Admission: 25 year old man acting strangely following an episode of loss of consciousness at home. He was mute and appeared to be having visual hallucinations. His GCS = 11 (M6 V1 E4). He had a mental health history and was taking prescribed analgesia for chronic back pain.

Investigations: ECG, CXR, CT Head, MSU – all NAD

Impression: Drug induced psychosis, medically fit for discharge. Awaiting psych review.

08:35 – Went in to Status epilepticus
1mg Lorazepam → 10mins → 1mg Lorazepam → 10mins → 2mg Lorazepam → 10mins loaded with phenytoin. Continued phenytoin, still psychotic (faecal smearing) awaiting psych review.

02:18 Temp spike 38.4, GCS 11, no focus for infection, Blood cultures taken, started on sepsis unknown origin ABX. LP – NAD

Bloods: Hb 165, WCC 11.1, No 8.9, plts 260, MCV 88.1, CRP 4

09:05 MET call – seizure
A – Compromised, nasal airway inserted
B – 15L O2, RR 29, Sats 95% chest movements equal & bilateral
C – BP 139/62, HR 109 R, Hs 1+2+0
D – GCS 3, BM 6.1, Fixed constricted
E – T 37.7, doubly incontinent
Mx: 1mg Lorazepam - seizure stopped

Bloods: Hb 155, WCC 17.9, No 16.6, plts 222, MCV 88.1, CRP 38, CK 1143, U&E, LFT NAD

Discussion
Whilst researching Flubromazolam, we found there were multiple online user forums discussing the drug, but sparse clinical information and no TOXBASE entry. A literature review found only one publication which details the possible chemical structure, but little information about clinical characteristics (Huppertz et al 2015).

In another publication the author took a similar drug and demonstrated a half-life of 100 hours, with traces in his urine 28 days after ingestion (Moosmann et al 2013). Traditional benzodiazepines have half-lives ranging from 2 hours for Midazolam to 24 hours for Diazepam (TOXBASE 2014).

Learning Points
• The rapid evolution of ‘legal highs’, now freely available online, means doctors face new challenges in treatment of this patient population.
• When faced with a clinical situation for which there has been no precedent, we must be pragmatic in our approach.
• Mental illness can lead to patient’s self-medicating in order to help control symptoms.

References: