CONDITION

Meclofenamate overdose

Meclofenamate overdose is taking enough of this anti-inflammatory medicine to cause poisoning.

WHAT IT IS
Poisoning from too much meclofenamate

BODY SYSTEM
Digestive, kidneys, nervous system, and circulation

MAIN SYMPTOMS
Nausea, vomiting, stomach pain, drowsiness

WHAT CAUSES IT
Accidental or intentional excess medicine

HOW IT IS DIAGNOSED
History and clinical assessment; no routine confirmatory test

MAIN TREATMENT
Monitoring and supportive medical care

CAN IT BE CURED?
Sometimes - many recover with supportive care

IS IT AN EMERGENCY?
Yes - any suspected overdose needs immediate advice

LONG-TERM OUTLOOK
Often full recovery; severe organ injury can persist

Overview

Meclofenamate is a prescription nonsteroidal anti-inflammatory drug like ibuprofen or naproxen , or NSAID. NSAIDs reduce pain and inflammation by limiting chemicals called prostaglandins. Meclofenamate may be prescribed for conditions such as arthritis or menstrual pain.

An overdose happens when someone takes more meclofenamate than intended. This may involve one large amount, several extra doses, or repeated dosing too close together. It can be accidental or intentional. Taking meclofenamate with other NSAIDs may also increase the risk of harmful effects.

Most serious effects involve the stomach and intestines, kidneys, brain, breathing, or circulation. Some people have mild symptoms, while a large overdose can cause severe

poisoning. The outcome is influenced by the amount taken, how long ago it happened, other substances taken, and the person's health.

Do not wait for symptoms before getting advice. In the United States, call Poison Control at 1-800-222-1222 or use its online service. Elsewhere, contact your local poison information service. Call emergency services immediately if the person is unconscious, having a seizure, struggling to breathe, or cannot be awakened.

Symptoms

Early symptoms may resemble the usual side effects of an NSAID but can become more intense. They commonly affect digestion and alertness.

Possible symptoms include:

Bleeding from the stomach or intestines may cause vomit containing blood or material that looks like coffee grounds. Stool may appear black and sticky, or there may be visible red blood. These signs need urgent medical assessment.

A more significant overdose can affect several organs. Warning signs may include:

Symptoms often begin within hours, but their timing is not predictable enough to guide care at home. Someone who initially feels well may still need observation or tests.

- Nausea, vomiting, or diarrhea
- Burning or pain in the upper abdomen
- Drowsiness, tiredness, dizziness, or confusion
- Headache or ringing in the ears
- Very little or no urine
- Fainting, severe weakness, or unusually low blood pressure
- Slow, shallow, or difficult breathing
- Marked confusion, agitation, or inability to stay awake
- Muscle twitching or seizures
- Loss of consciousness

Causes and risk factors

The direct cause is taking too much meclofenamate. Common situations include

misunderstanding instructions, taking another dose after forgetting an earlier one, or a child getting access to the medicine.

Risk can also rise when meclofenamate is taken with another NSAID. Examples include ibuprofen, naproxen, diclofenac, and aspirin used for pain. Some cold, flu, and combination pain products also contain NSAIDs.

The chance of complications may be higher in someone who already has:

Alcohol or other medicines may change the pattern of poisoning. Sedatives, opioids like oxycodone or morphine , antidepressants like sertraline or fluoxetine , acetaminophen, aspirin, or other substances can cause separate toxic effects. This is why it is important to report everything that may have been taken.

An intentional overdose may occur during severe emotional distress or a mental health crisis. Immediate physical care and compassionate mental health support are both important.

- Kidney disease or dehydration
- A stomach ulcer or previous digestive bleeding
- Heart, liver, or circulation problems
- Older age or a very young age
- Use of medicines that affect bleeding or kidney function

Diagnosis

There is no widely used blood test that confirms a meclofenamate overdose or measures its severity. Diagnosis is based mainly on what may have been taken, the timing, symptoms, and the medical assessment.

If possible, bring the medicine container or a clear photograph of its label. Clinicians may ask about the tablet strength, how many are missing, when the medicine was taken, and whether alcohol or other drugs were involved. An uncertain estimate is still useful; do not delay seeking help while trying to calculate an exact amount.

The assessment may include heart rate, blood pressure, breathing, oxygen level, temperature, alertness, and an examination for abdominal tenderness or bleeding.

Blood and urine tests may be used to look for complications. These can check kidney function, salts in the blood, blood cell counts, blood acidity, and signs of liver injury. An electrocardiogram, or ECG, records the heart's electrical activity and may be needed when the amount or substances taken are uncertain.

Tests for acetaminophen, salicylates such as aspirin, or other drugs may be ordered after a possible mixed or unknown overdose. These tests do not measure meclofenamate itself.

Treatment and management

There is no specific antidote that reverses meclofenamate. Treatment supports breathing, circulation, kidney function, and other body systems while the medicine is cleared.

A poison specialist can help decide whether monitoring at home is appropriate after a small accidental dosing error or whether assessment in an emergency department is needed. This decision should not be made from symptoms alone.

In a medical setting, treatment may include:

Activated charcoal may sometimes be considered soon after a significant ingestion. It binds some medicine inside the digestive tract. It must be given only on the advice of a poison specialist or medical team because it can enter the lungs if the person is drowsy or vomiting.

Do not try to make the person vomit. Do not give charcoal, food, alcohol, or home remedies unless a poison professional specifically advises it.

Meclofenamate binds strongly to proteins in the blood, so dialysis is unlikely to remove much of the drug. Dialysis may still be used to manage severe kidney failure, dangerous blood chemistry changes, or acid imbalance.

- Observation with repeated checks of vital signs and alertness
- Blood and urine tests to monitor kidney function and other complications
- Fluids through a vein when dehydration or low blood pressure is present
- Medicines to control vomiting, seizures, or other symptoms
- Treatment for digestive bleeding or severe acid imbalance
- Oxygen or breathing support when needed

Complications

Many overdoses cause only temporary digestive or nervous system symptoms. Severe poisoning is less common but may lead to complications requiring hospital care.

Possible complications include inflammation, ulceration, or bleeding in the stomach and intestines. Heavy bleeding can lower the red blood cell count and affect circulation.

The kidneys may suddenly become less able to filter the blood. This is called acute kidney

injury. Risk is greater with dehydration, low blood pressure, existing kidney disease, or medicines that also affect kidney function.

Very large overdoses can cause abnormal blood acidity, seizures, coma, or slowed breathing. Vomiting while very drowsy may allow stomach contents to enter the lungs, causing aspiration and breathing problems.

Some complications resolve as the overdose is treated. Kidney damage or other organ injury can occasionally last longer and may require follow-up after discharge.

Prevention

Meclofenamate overdose is preventable in many situations. It is not an inherited condition.

Take the medicine only as directed on its current label. If a dose may have been taken twice, contact a pharmacist or poison information service rather than guessing what to do next.

Keep meclofenamate in its original, labelled container. Store it out of sight and reach of children and anyone who may take it by mistake. Child-resistant packaging reduces access but is not completely childproof.

Avoid using more than one NSAID unless a clinician has specifically advised it. Check the active ingredients in nonprescription pain, cold, and flu medicines. A pharmacist can help identify products from the same drug group.

A written medicine list, phone reminder, or dated pill organizer may reduce repeated doses. Do not share prescription medicines. Return unused medicine through an approved take-back program when one is available.

If overdose is connected with thoughts of self-harm, securing medicines is only one part of prevention. Ongoing mental health care and a safety plan can help reduce future risk.

Living with it and what to expect

Meclofenamate overdose is usually an acute event rather than an ongoing condition. People with mild poisoning may improve during a period of observation or over the following day or two. Recovery cannot be predicted from the amount alone, especially when the amount is uncertain.

Symptoms such as nausea, stomach pain, and drowsiness usually ease as the medicine leaves the body. A medical team may repeat kidney tests or blood counts before discharge if there was concern about dehydration, bleeding, or organ injury.

More severe complications can extend recovery. Acute kidney injury may require repeat blood tests for days or weeks. Digestive bleeding may need further treatment and follow-up. Rarely, lasting organ damage can affect long-term health.

Before restarting meclofenamate or taking another NSAID, follow the discharge instructions provided after the overdose. A different pain-management plan may be considered if the medicine contributed to bleeding, kidney problems, or repeated dosing errors.

After an intentional overdose, emotional recovery may take longer than physical recovery. Mental health follow-up can address the distress that led to the event and help create a plan for staying safe.

When to get medical help

Get immediate poison advice after any suspected meclofenamate overdose, even if there are no symptoms. In the United States, call Poison Control at 1-800-222-1222 . If you are elsewhere, use your local poison information service.

Call emergency services now if the person:

Do not drive yourself if you are very drowsy, faint, confused, or unwell. Do not leave an affected person alone while emergency help is being arranged.

After discharge, seek prompt medical advice for worsening abdominal pain, repeated vomiting, reduced urine, swelling, dizziness, black stool, or blood in vomit. Routine follow-up may include repeat kidney tests or a blood count when recommended.

- Is unconscious, has collapsed, or cannot be awakened
- Has a seizure
- Has slow, shallow, or difficult breathing
- Vomits blood or passes black, sticky stool
- Has severe confusion, extreme drowsiness, or rapidly worsening symptoms
- Took the medicine intentionally or may also have taken other substances

Common questions

How much meclofenamate causes an overdose?

There is no single amount that predicts poisoning for everyone. The risk is influenced by body size, health, timing, and other substances taken. Contact a poison information service

whenever more than the intended amount may have been taken.

What if I accidentally took one extra dose?

Do not take another dose until you have received appropriate advice. Call a pharmacist or poison information service and provide the medicine strength, usual schedule, time taken, and any relevant health conditions. Emergency care may not be needed for every small dosing error, but it should be assessed rather than guessed.

How quickly do overdose symptoms start?

Nausea, stomach pain, vomiting, or drowsiness may appear within hours. Serious effects can develop without dramatic early symptoms, so feeling well does not replace poison advice.

Should I make myself vomit?

No. Inducing vomiting does not reliably remove the medicine and may cause choking or aspiration, especially if drowsiness develops.

Can a meclofenamate overdose cause permanent damage?

It can, particularly if severe kidney injury, major bleeding, prolonged low blood pressure, or breathing problems occur. Many people recover fully with timely assessment and supportive care, but the course cannot be guaranteed.

Can dialysis remove meclofenamate?

Dialysis does not remove much meclofenamate because the drug is strongly attached to blood proteins. It may still be used to treat complications such as severe kidney failure or dangerous changes in blood acidity.

Sources

- U.S. National Library of Medicine. DailyMed: Meclofenamate Sodium Capsules-Prescribing Information , including warnings and overdosage information.
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- National Capital Poison Center. Nonsteroidal Anti-Inflammatory Drugs: Poisoning and Safe Use Information .
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