CONDITION

Sulindac overdose

Sulindac overdose is poisoning caused by taking more sulindac than the body can safely handle.

WHAT IT IS
Harmful effects from taking too much sulindac

BODY SYSTEM
Digestive, kidneys, nervous system, heart and circulation

MAIN SYMPTOMS
Nausea, vomiting, stomach pain, drowsiness

WHAT CAUSES IT
Excess sulindac taken accidentally or intentionally

HOW IT IS DIAGNOSED
Exposure history and assessment; no routine confirmatory test

MAIN TREATMENT
Poison-centre guidance, monitoring, and supportive hospital care

CAN IT BE CURED?
Yes - most recover with supportive care

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

LONG-TERM OUTLOOK
Full recovery common; severe poisoning can damage organs

Overview

Sulindac is a prescription non-steroidal anti-inflammatory drug like ibuprofen or naproxen , or NSAID. It reduces pain and inflammation. An overdose happens when someone takes enough sulindac to cause harmful effects. This may be a large amount taken at once or repeated extra doses.

Sulindac can irritate the stomach and intestines. It can also reduce blood flow through the kidneys and affect the brain, breathing, and circulation when poisoning is severe.

There is no single amount that causes an overdose in everyone. Risk is affected by the amount taken, the person's age and body size, existing health conditions, dehydration, and other medicines or substances taken at the same time.

Any suspected overdose needs immediate advice from a poison centre or emergency service, even if the person feels well. Symptoms may not be obvious at first. Do not wait for symptoms to appear before seeking help.

Symptoms

Mild or moderate poisoning most often causes digestive or nervous system symptoms. These may include:

More serious poisoning is less common, but it can affect several organs. Warning signs can include confusion, extreme sleepiness, fainting, seizures, difficulty breathing, or very little urine.

Bleeding from the stomach or intestines may cause vomit that contains blood or looks like coffee grounds. Bowel movements may become black and sticky. Severe abdominal pain can be a sign of significant irritation, bleeding, or, rarely, a hole in the stomach or intestine.

Symptoms do not always show how serious the poisoning is. Kidney problems and internal bleeding may first be found through examination or laboratory tests.

- Nausea, vomiting, or stomach pain
- Heartburn or indigestion
- Drowsiness, dizziness, or headache
- Ringing in the ears
- Reduced urine output

Causes and risk factors

A sulindac overdose may happen because of a dosing mistake, confusion about instructions, accidental access by a child, or intentional self-harm. Taking another person's medicine can also cause poisoning.

Risk may be higher when sulindac is taken with another NSAID, such as ibuprofen, naproxen, or aspirin for pain. These medicines have similar effects on the stomach and kidneys. Combination cold, flu, and pain products can make it harder to notice that more than one anti-inflammatory medicine is being used.

Certain circumstances may increase the chance of serious harm, including:

These factors do not predict exactly what will happen. Poison specialists consider the full

situation, including the amount, timing, symptoms, and other possible exposures.

- Kidney, heart, or liver disease
- Dehydration from vomiting, diarrhoea, fever, or poor fluid intake
- A previous stomach ulcer or digestive tract bleeding
- Older age or very young age
- Medicines that affect bleeding, kidneys, or blood pressure
- Alcohol or other substances taken at the same time

Diagnosis

There is no routine blood test that confirms a sulindac overdose or reliably predicts its severity. Diagnosis is mainly based on what was taken, how much may have been taken, when it happened, and the person's symptoms and examination.

If possible, take the medicine container, remaining tablets, and a list of other medicines to the hospital. Do not delay getting help while trying to count tablets.

Medical assessment may include checks of breathing, heart rate, blood pressure, temperature, alertness, and urine output. An electrocardiogram, or ECG, may be used to examine the heart's electrical activity, especially if other substances may have been taken.

Blood and urine tests may check:

These tests assess the effects of the overdose rather than measuring sulindac itself. Some tests may need to be repeated because kidney injury or bleeding can develop after the first assessment.

- Kidney function and body salts called electrolytes
- Red blood cell levels if bleeding is possible
- Acid levels in the blood when poisoning is severe
- Liver function when clinically relevant
- Other common poisons, based on the circumstances

Treatment and management

Treatment begins with immediate advice from a poison centre or emergency service. The safest next step is based on the amount taken, the time since exposure, current symptoms,

age, health conditions, and possible additional medicines.

Do not make the person vomit. Do not give food, drink, antacids, or home remedies unless a poison specialist says to do so. Someone who is very drowsy, vomiting repeatedly, or having a seizure should not be given anything by mouth.

There is no specific antidote for sulindac. Hospital care focuses on supporting the body while the medicine and its active breakdown products are cleared. Care may include monitoring, fluids given into a vein, treatment for nausea, and management of stomach irritation or bleeding.

Activated charcoal can bind some medicine in the digestive tract. A clinician or poison specialist may consider it soon after a potentially serious ingestion when it can be given safely. It is not suitable for everyone, particularly someone who cannot protect their airway. It should not be used at home unless specifically directed.

Sulindac and its active breakdown products bind strongly to proteins in the blood. Because of this, haemodialysis does not remove them effectively. Dialysis may still be needed to support someone who develops severe kidney failure or dangerous disturbances in body chemistry.

Observation may be recommended even when symptoms are mild. People with abnormal tests, persistent symptoms, bleeding, kidney injury, or altered alertness may need admission to hospital.

If the overdose was intentional, treatment should also include a compassionate mental health assessment and support for immediate safety.

Complications

Most reported NSAID overdoses cause limited symptoms and improve with supportive care. However, a large sulindac overdose or increased medical vulnerability can lead to serious complications.

Possible complications include acute kidney injury, meaning the kidneys suddenly stop filtering blood normally. This may cause reduced urine, swelling, nausea, confusion, or abnormal electrolyte levels. Dehydration can make kidney injury more likely.

The stomach or intestines may become inflamed, ulcerated, or bleed. Major bleeding can cause weakness, dizziness, shortness of breath, or fainting. A perforation, or hole in the digestive tract, is rare but requires urgent treatment.

Severe poisoning may cause seizures, coma, slowed breathing, low blood pressure, or major changes in the body's acid balance. These effects require emergency hospital care.

Long-term complications are uncommon after a mild overdose. Lasting kidney damage or other disability is possible after severe organ injury. Death is possible in very severe poisoning, particularly when other medicines or substances were also taken.

Prevention

Sulindac overdose is often preventable. Keep it in its original labelled container, separate from other medicines, and out of the sight and reach of children. A locked storage place is safest where children or vulnerable adults are present.

Take sulindac only as shown on the prescription label. Do not take an extra dose to replace one that was missed unless a pharmacist or prescriber has confirmed that this is appropriate.

Before using an over-the-counter pain or cold product, check whether it contains aspirin or another NSAID. A pharmacist can help identify products that may duplicate sulindac's effects.

A medicine list, pill organiser, or written dosing record may reduce mistakes. However, organisers should also be stored securely. If doses are frequently forgotten or repeated, ask a pharmacist about packaging or reminder options.

Return unwanted medicine through a pharmacy or local medicine take-back programme. Do not keep unused tablets "just in case," and do not share them with anyone.

Living with it and what to expect

Sulindac overdose is an acute event rather than an ongoing condition. People with mild symptoms often improve as the medicine leaves the body, although observation may still be needed. Recovery may take longer if vomiting, bleeding, kidney injury, or another substance is involved.

After discharge, follow any instructions about drinking fluids, repeat blood tests, and when to restart or avoid medicines. Do not restart sulindac unless the clinician responsible for follow-up has said it is safe. Other NSAIDs may carry similar risks.

Kidney function and blood counts may need rechecking after a significant overdose. This is routine follow-up, not necessarily a sign that permanent damage has occurred. Ongoing tiredness, poor appetite, reduced urine, swelling, stomach pain, or dark stools should be reported promptly.

Most people who recover without organ injury do not develop a recurring illness from the overdose. A severe kidney or digestive tract injury may need follow-up over weeks or months.

The long-term course is shaped by the extent of the injury and the person's health before the event.

An accidental overdose may be a reason to review medicine storage and dosing systems. After an intentional overdose, continuing mental health care can help address the distress that led to it and reduce the risk of another crisis.

When to get medical help

Contact a poison centre or emergency medical service immediately after any suspected sulindac overdose. Do this even if there are no symptoms. In the United States, Poison Control can be reached at 1-800-222-1222 . Elsewhere, use the local poison information service or emergency number.

Call emergency services now if the person:

Place an unconscious but breathing person on their side if it is safe to do so. Do not leave them alone. If they are not breathing normally, begin emergency response measures as directed by the emergency dispatcher.

An intentional overdose always needs urgent medical care, regardless of the reported amount. If there is an immediate risk of further self-harm, call emergency services and stay with the person when it is safe.

Routine follow-up is different from emergency care. Follow-up may include repeat kidney tests, blood counts, medication review, or mental health support after the immediate poisoning has been treated.

- Is difficult to wake, collapses, or becomes severely confused
- Has a seizure or trouble breathing
- Vomits blood or passes black, sticky stool
- Has severe or worsening abdominal pain
- Produces very little or no urine
- Develops marked weakness, fainting, or signs of shock

Common questions

How much sulindac counts as an overdose?

There is no single amount that is safe or dangerous for everyone. Any amount above the

prescribed directions should be discussed immediately with a poison centre. Do not use symptoms alone to judge the risk.

I took one extra tablet. What should I do?

Do not take another dose until you have received advice. Contact a pharmacist or poison centre with the tablet strength, number taken, time of ingestion, age, health conditions, and other medicines. They can assess the specific situation without waiting for symptoms.

Can I sleep off a sulindac overdose?

No. Drowsiness can be a symptom of poisoning, and complications may develop while the person is asleep. Get immediate poison-centre or emergency advice and make sure the person is observed as directed.

Will activated charcoal help?

It may help in selected cases when used soon after ingestion, but it also carries risks. A poison specialist or hospital clinician should decide whether it is appropriate. Do not take activated charcoal at home without direct instructions.

Can dialysis remove sulindac?

Dialysis does not remove sulindac effectively because the drug binds strongly to blood proteins. It may still be used to support the body if severe kidney failure develops.

How long does recovery take?

Mild symptoms may settle over hours to a few days. Kidney injury, bleeding, or complications from other substances can extend recovery into weeks or longer. Follow-up tests help show whether affected organs have recovered.

Sources

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