

Food and Drug Administration  
Center for Food Safety and Applied Nutrition  
Office of Special Nutritionals

ARMS#

12948



5 - SUMMARIES

000001

[REDACTED] M.D.

ADM: 3/29/98  
DIS: 3/29/98

SHORT STAY SUMMARY

REASON FOR ADMISSION: Two apparent generalized seizures.

ASSESSMENT: 1. TWO PRESUMED GENERALIZED TONIC CLONIC SEIZURES, POSSIBLY RELATED TO OVERUSE OF A HEALTH FOOD STIMULANT.  
2. STATUS POST POSTERIOR CERVICAL FUSION.

PROCEDURES: CT scan of head.

HISTORY: Ms. [REDACTED] is a 44-year-old R.N. who suffered two apparent generalized tonic clonic seizures yesterday. The first occurred around 10 a.m. while she was sitting in a truck. Husband heard a scream and went to the truck to find the patient with marked tonic stiffening with head extension. There was some clonic activity. To the best of his recollection, symptoms were bilateral. He thinks the actual seizure lasted up to two minutes. Loss of consciousness lasted at least five minutes. There was post ictal confusion. There was incontinence. The patient originally went to [REDACTED] She was evaluated and released. Apparently a urine drug screen there was positive for amphetamines. The patient attributes this to the use of a health food stimulant called "Acceleration". She may have been given a prescription for Dilantin, but this had not been started. About 6 p.m. yesterday, the patient had another episode, this time in the bathroom. Husband says it was similar, but slightly shorter. She was brought here during the night. CT scan of brain is reported as benign. Urine drug screen was negative here. Alcohol level 0. The patient now says she is feeling much better and wants to go home.

PAST MEDICAL HISTORY: Noteworthy principally for a history of posterior cervical fusion by Dr. [REDACTED] The patient states that she otherwise is in good health. She has had no prior seizures, including childhood seizures. There is no history of CNS infections, stroke, major head trauma. There is no history of significant heart disease.

RECENT MEDICATIONS: Health food stimulant called Acceleration and Advil.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

(CONTINUED ON NEXT PAGE)

ADM: 3/29/98  
DIS: 3/29/98

SHORT STAY SUMMARY  
Page 2

**SOCIAL HISTORY:** Ms. [REDACTED] is an R.N. who works for [REDACTED]. She denies alcohol or cigarette use. She says she is not using any other stimulants or tranquilizers.

**FAMILY HISTORY:** Negative for seizures. There is alcoholism in the family.

**REVIEW OF SYSTEMS:** The patient complained of some recent headache and dizziness, attributed partially to the onset of menses. There has been no nausea and vomiting. She notes she has had a line in her vision in the left eye since sometime around the neck surgery last year.

**PHYSICAL EXAMINATION:** The patient is a well-developed, well-nourished white female whose overall appearance is appropriate for age. At this point she is alert and somewhat animated. She is also slightly silly and superficial at times. Vital signs are normal with temperature 98. Neck is supple. There is a surgical scar. No bruit were heard. Chest is clear. Heart is regular rate and rhythm. Abdomen is soft. On brief mental status testing, the patient was fully oriented. She was somewhat distractible. Short-term recall initially was 1 out of 3 items, but on repeat it was 3 out of 3. Fund of information, calculations, logic was adequate. There was no aphasia. Cranial nerves II through XII were intact without nystagmus. Disks were full to confrontation. Disks were flat bilaterally. Uncorrected acuity was approximately 20/30 bilaterally. Motor strength was 5/5. Deep tendon reflexes were brisk bilaterally. Left toe was down-going. Right toe was repeatedly withdrawn. Distal sensation was symmetrical. There was no extinction to double simultaneous stimulation. On coordination testing, the patient had good performance on finger-nose-finger and tandem gait. She hopped on either foot. Rapid alternating movements were symmetrical.

Non-contrast CT scan is reported as benign. Urine drug screen here was negative. Alcohol level was 0. Emergency Room panel, calcium, magnesium were normal. CbC was noteworthy only for a slightly elevated white count of 12,300.

**HOSPITAL COURSE:** The patient insisted she was well enough to go home. The significance of seizures was discussed at length with she and her husband. It does appear that the most likely etiology was this health food drug called Acceleration. The difference between symptomatic seizures

(CONTINUED ON NEXT PAGE)

000003

ADM: 3/29/98  
DIS: 3/29/98

SHORT STAY SUMMARY  
Page 3

and epilepsy was discussed at length. The patient and the husband eventually decided she would like to take Dilantin for a short interval just to be sure this seizure tendency does not return. She does not plan to take the Dilantin for the long-term. I did encourage her to get an MRI to exclude small tumors or other significant intracranial pathology. EEG should also be considered. The patient indicated she would check with her insurance and call me regarding this.

DISCHARGE MEDICATIONS: Dilantin 300 mg p.o. q. h.s. for seven to 10 days.

DISPOSITION: The patient is discharged home in the company of her husband. Seizure precautions were discussed at length, including [REDACTED] with no driving for six months. The patient is to call my office the first of the week regarding an MRI and EEG. Current plan is to take the Dilantin for seven to 10 days. If there are no further problems and workup is unrevealing, then patient will likely discontinue. The patient and husband were also advised regarding seizure management. At the time of discharge, the patient is alert and competent to manage her own affairs.

[REDACTED] M.D.

[REDACTED]  
DD: 3/29/98  
DT: 4/01/98

000004