

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

ARMS#

13229



5 - SUMMARIES

**000001**

[REDACTED]

[REDACTED]

[REDACTED]

November 23, 1998

## CHART COPY

[REDACTED]

RE: [REDACTED]  
DOB: [REDACTED]  
CH#: [REDACTED]

Dear [REDACTED]

[REDACTED] as you know, is a nearly 16-year-old girl who was evaluated here at [REDACTED] and [REDACTED] on 11/22/98 because of an overdose of a herbal extract containing ephedrine.

[REDACTED] has been trying to lose weight, and for the past month, has been taking a medication called Metabolift in which there is ma huang extract. She read the instructions, and it stated that the maximum daily amount of pills should be six with no more than two with each meal. She interpreted this as saying that she could take six in the morning and then not have to take any more for the rest of the day. In addition, she also took two double shot lattes. This caused her to have nausea and chest pain, and evaluation at [REDACTED]. Several electrocardiograms performed there showed some very unusual T-waves and prolonged repolarization with corrected QT intervals that were up to 500 msec. There was no evidence of ischemia or myocardial injury as documented by troponin testing. All of her symptoms resolved, and her ECG subsequently normalized. Her last ECG performed here had a corrected QT interval that was 417 msec with normal looking T-waves. We also did a treadmill exercise study, and it showed appropriate QT interval shortening on exertion. She had a normal maximal heart rate of 186 beats per minute, and there was no evidence of any ischemic changes.

In summary, it appears that [REDACTED] had an acute reaction secondary to an overdose of ephedrine. The QT prolongation is a bit unusual, and I am currently doing a literature search to try and see if that has been reported. Certainly sudden death has been noted in individuals taking herbal extracts containing ephedrine. At this point in time, I see no evidence of long QT syndrome, but I have concerns about [REDACTED] long term. We reviewed the family history at length, and there is SIDS on the mother's side of the family. [REDACTED] has had a single syncopal episode that occurred a year ago, but it sounded vasovagal. My recommendation for [REDACTED] was that she does not take any herbal preparations containing ephedrine compounds and that her dietary program be managed by you, her primary physician. I think that a baseline ECG obtained a few months down the road would be useful, especially if she is going to require chronic psychotropic medication. I also reviewed the electrocardiogram on [REDACTED] son, [REDACTED] and it was perfectly normal with no evidence of QT prolongation.

[REDACTED]

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Re: [REDACTED]  
CH#: [REDACTED]  
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I have not arranged any specific cardiac follow-up, but I would like to see [REDACTED] back if she continues having symptoms of chest pain, dizziness, or syncope.

Sincerely,

[REDACTED] M.D.  
[REDACTED]

[REDACTED]  
cc: [REDACTED]

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# CONSULTATION REQUEST

PATIENT [REDACTED]	ROOM NO./CLINIC	TIME	DATE
TO <i>Cardiology</i>		SERVICE / CLINIC	

REQUEST

GIVE OPINION AND RECOMMENDATIONS ONLY     WRITE ORDERS ON ORDER SHEET     ASSUME CARE OF PATIENT AS ATTENDING PHYSICIAN     OR CO-ATTENDING PHYSICIAN     PERFORM SURGERY OR OTHER PROCEDURE AS INDICATED IN CONSULTANT CAPACITY

REASON FOR CONSULTATION REQUEST:

15 yo ♀ w/ CP s/p ingestion of 6 diet tablets w/ Mafuang (ephedrine like substance). This AM the pt has EKG evidence of prolonged QT segment and T wave inversion. Please evaluate for Long QT Syndrome.

PMO - [REDACTED]

CONSULTANT NOTIFIED

ATTENDING (PRINT) \_\_\_\_\_ SERVICE \_\_\_\_\_ SIGNATURE OF ATTENDING \_\_\_\_\_ TITLE \_\_\_\_\_

## CONSULTATION REPORT

TIME \_\_\_\_\_ DATE \_\_\_\_\_  
(PLEASE CONTINUE ON REVERSE SIDE)

15yo ♀ with ephedrine overdose → chest pain/nausea.  
EKG - QTc prolonged to 495 (11/21/98)  
3 EKG performed Biphaseic Twaves

History of single syncopal episode one year ago while in bathroom (brief & prodrome).  
No palpitation / currently feels back to like she  
Cardiac exam is back to normal

EKG now - Sbrady 52BPM QTc = 417 msec  
Treadmill. NI - Max HR - 186  
Appropriate QT shorten with exercise/post exertion  
Imp/ Acute toxic reaction 2' to ephedrine (acquired QT prolonged)  
Rec → avoid ~~ephedrine~~ extract.

CONSULTANT (PRINT) [REDACTED] MD SIGNATURE [REDACTED] DATE/TIME 11/23/98 TITLE

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