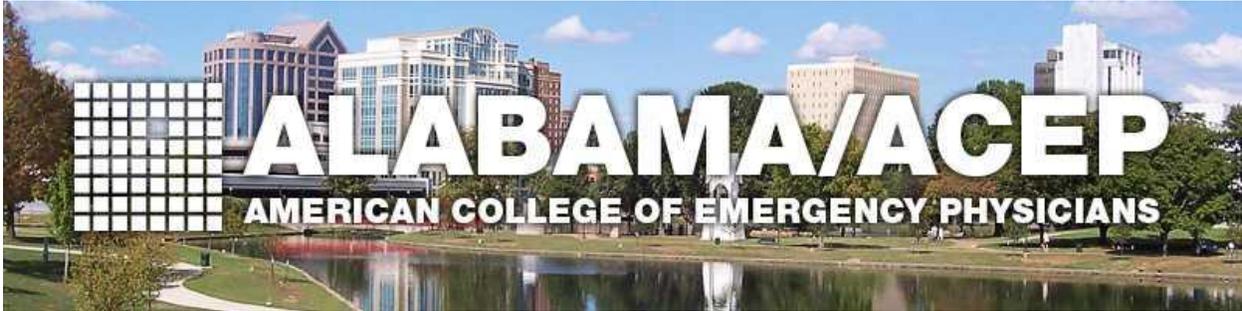


A Newsletter for the Members of the Alabama Chapter - Winter 2022



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President's Letter

Bryan Balentine MD FACEP

President, Alabama Chapter ACEP

Dear ALACEP Chapter,

I hope and pray this newsletter finds you well, safe, and healthy after the most recent COVID surge. You are the real heroes who drove into a diseased workplace while the general public quarantined at home. Your drive, dedication, and endurance comes at a cost though and your mental health can pay. While we are all driven and intelligent enough that someone accepted us into medical training, we were never designed to pull ourselves up "by our own bootstraps." We were never designed to be alone. This does not mean you have to marry or have a significant other. It does mean we were designed for community. We are better together.

May we live as the author C.S. Lewis wrote in 1948.

"In one way we think a great deal too much of the atomic bomb. 'How are we to live in an atomic age?' I am tempted to reply: 'Why, as you would have lived in the sixteenth century when the plague visited London almost every year, or as you would have lived in a Viking age when raiders from Scandinavia might land and cut your throat any night; or indeed, as you are already living in an age of cancer, an age of syphilis, an age of paralysis, an age of air raids, an age of railway accidents, an age of motor accidents.'

In other words, do not let us begin by exaggerating the novelty of our situation. Believe me, dear sir or madam, you and all whom you love were already sentenced to death before the atomic bomb was invented: and quite a high percentage of us were going to die in unpleasant ways. We had, indeed, one very great advantage over our ancestors—anesthetics; but we have that still. It is perfectly ridiculous to go about whimpering and drawing long faces because the scientists have added one more chance of painful and premature death to a world which already bristled with such chances and in which death itself was not a chance at all, but a certainty.

This is the first point to be made: and the first action to be taken is to pull ourselves together. If we are all going to be destroyed by an atomic bomb, let that bomb when it comes find us doing sensible and human things—praying, working, teaching, reading, listening to music, bathing the children, playing tennis, chatting to our friends over a pint and a game of darts—not huddled together like frightened sheep and thinking about bombs. They may break our bodies (a microbe can do that) but they need not dominate our minds.”

EMerald Coast Conference
June 5-9, 2022
Miramar Beach, Florida



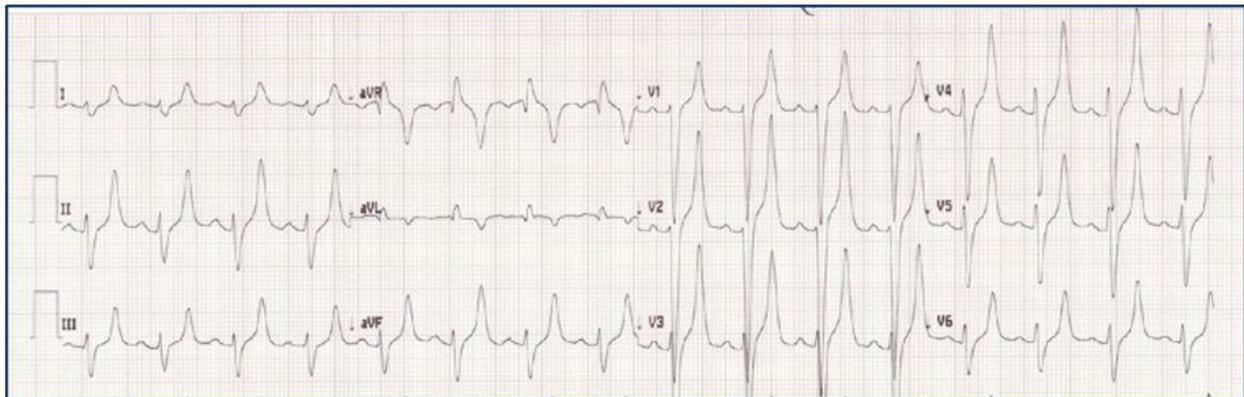
We're bringing together the best and the brightest of our participating ACEP chapters to cover a wide range of topics including Management of Acute Agitation in the ED, Earlier Sepsis Identification and Caring for Mental Health Patients in the ED. In addition, we'll have a crash course in ED law, including a mock deposition. As usual, brush up on techniques in pre-event APP boot camp led by EM experts. Come examine Emergency Medicine trends, then catch up with friends - and bring your family to play on the Panhandle! [Visit our website](#) for hotel information. Registration will open soon!

Hyperkalemia

Kevin S. Barlotta, MD
Joseph Cortopassi, MD
University of Alabama at Birmingham (UAB)

Chief Complaint: Altered mental status

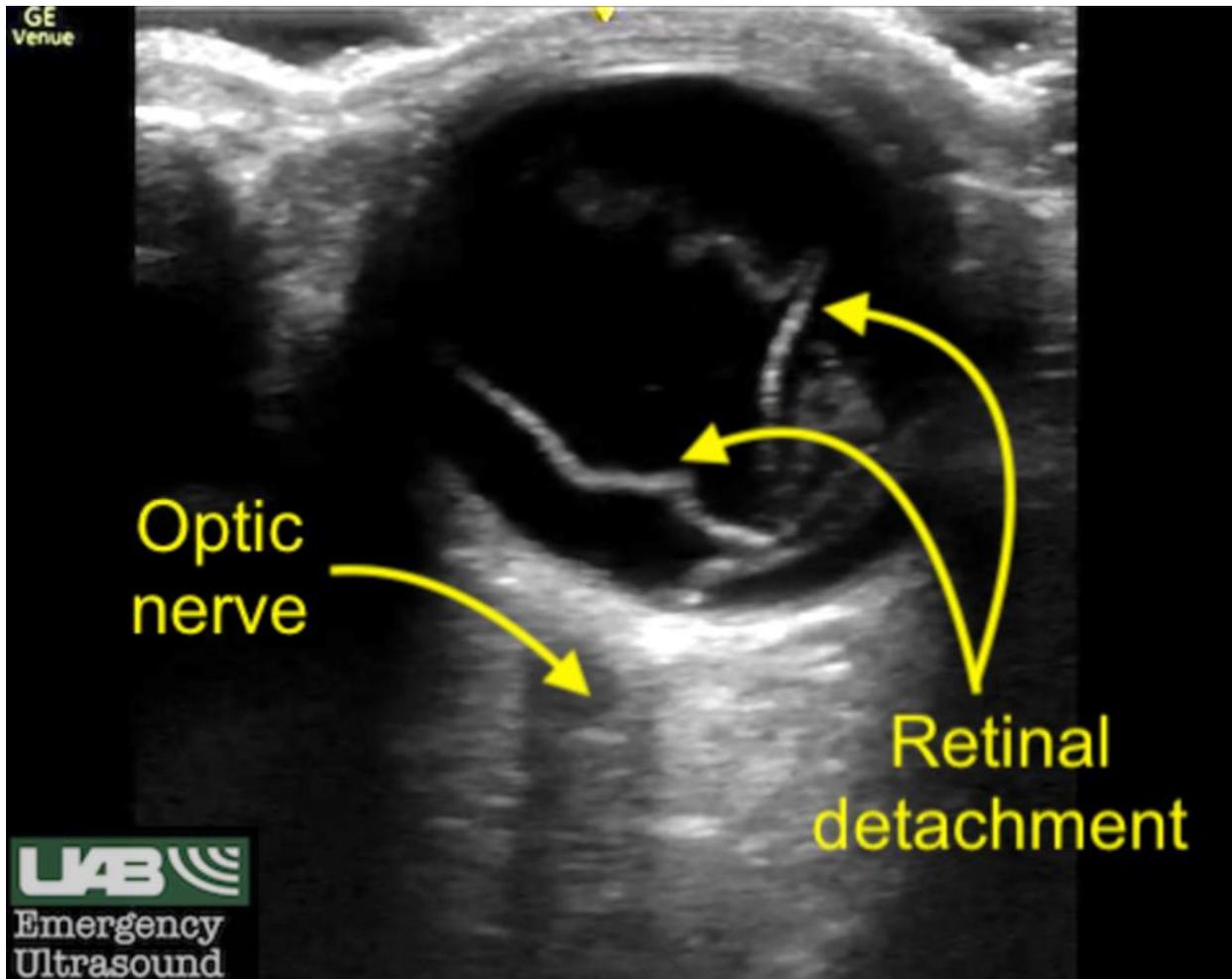
HPI: 35-year-old male with a history of intravenous drug abuse (IVDA) presenting the emergency department via EMS from home after family called reporting patient was unresponsive. EMS described a patient lying across a bed with spontaneous respirations and palpable pulses. The patient was placed on supplemental oxygen and IV access was obtained. The patient was euglycemic and failed to respond to IV Narcan administration. In route, the patient became combative and was noted to be moving only his upper extremities. He received ketamine for sedation and was unable to provide additional history upon arrival. Family was not available. [READ MORE](#)



Ultrasound Case of Interest

David Pigott MD, RDMS, FACEP
Bobby Lewis MD, DDS, FACEP
Chris Johnson MD

40M reports near-total vision loss and eye pain after being struck in left eye during an altercation. He states he has ~95% vision loss in the affected eye and can only see in the superior portion of his visual field. He states his eye pain is mild and is not worsened with ocular movement. The patient reports a history of opiate abuse on suboxone. Point-of-care ultrasound (POCUS) was performed. [READ MORE](#)



Tianeptine

Jason Eversull MD

Julie Brown MD

University of Alabama at Birmingham

Background: Abuse of the formerly unregulated drug tianeptine has been increasing in recent years posing a serious health threat.

Case Presentation: A 37-year-old female with a history of poly-substance abuse presented with a chief complaint of "I want to get my life right." She admitted to using 10-15 pills of "gas station dope" per day for the last two weeks and noted using methamphetamine two days ago. On exam, she was tachycardic and hypertensive. She was acutely agitated, requiring benzodiazepines and ketamine for sedation, without significant improvement, therefore ultimately requiring intubation. Labs revealed a leukocytosis and UDS positive for amphetamines. She was admitted to the ICU, extubated the following day, and discharged home after two days in stable condition with outpatient rehabilitation resources.

Discussion

Tianeptine is an atypical antidepressant, structurally similar to tricyclic antidepressants. Although approved for use in several European countries, it is not approved for use in the United States. Commonly known as “gas station dope,” “Za-Za,” “Tianna,” and “Red Dawn,” this drug is readily available for purchase in gas stations throughout the United States with claims to aid with anxiety, depression, and facilitate weight loss.

As an opioid receptor agonist, symptoms of its abuse and withdrawal mimic those seen in opioid toxicity and withdrawal. Tianeptine toxicity primarily produces cardiovascular, neurologic and gastrointestinal effects similar to those seen in cases of opioid toxicity. Naloxone has been suggested to be an effective therapy in these cases. Unfortunately, tianeptine can be co-ingested with other substances including opioids, benzodiazepines, ethanol, and phenibut. This raises concern for potentiation effects among many of these substances which independently produce similar effects.

The half-life of Tianeptine is approximately 2.5 hours, which allows for rapid precipitation of withdrawal in cases of abrupt cessation. Tianeptine withdrawal can mimic opioid withdrawal. Common symptoms include agitation, hypertension, tachycardia, diaphoresis and tremors. From 2000-2017, the National Poison Data System received 218 tianeptine exposure calls, with all but 11 cases occurring after 2014. Many of these cases were due to tianeptine withdrawal and were commonly treated supportively with intravenous benzodiazepines and fluids. More recently, buprenorphine/naloxone has been used as an adjunctive therapy in this setting.

Conclusion

Given the relative ease with which this drug can be obtained, in addition to the current opioid epidemic, tianeptine abuse poses a developing threat to public health. In 2021, legislation was passed in Alabama banning the sale of tianeptine, potentially making it more difficult for patients to obtain. However, emergency providers must be prepared to treat cases of toxicity and withdrawal and utilize clinical guidance provided by local poison control centers.

Welcome ALACEP New Members!

Samuel Anich
Johnny Dang
Altamish Daredia
Michael David Ernst
Erik Johansen
Timothy B Jordan, MD

Matthew Madisettey, MD
Andre Scot Marshall
Jenny Albaytar Navoa
Hayley P Nichols
Payal Kamlesh Patel
Michael Scott Reddington, DO

FROM NATIONAL ACEP



ACEP Resources & Latest News

Black History Month: Don't miss this week's *Frontline* episode featuring [Dr. Ray Johnson and Dr. Sandra Coker discussing their experiences](#) working in EM. Dr. Coker founded the Black Girl White Coat nonprofit, and Dr. Johnson's been a leader in EM for more than 30 years. Find more BHM22 resources related to this year's theme, [Black Health & Wellness](#).

Nominate a Colleague for ACEP Awards! ACEP is accepting nominations for its 2022 Leadership Awards and Teaching Awards. [Leadership Award nominations](#) are due **March 8**, and Teaching Award nominations are due **April 15**.

Get New [Point-of-Care Tools](#) in emPOC App

Advocacy:

South Dakota scored an important [scope of practice victory](#) (2/23/22)

[ACEP applauds the Texas court ruling](#) that the No Surprises Act implementation fails to follow the letter of the law. The concerns validated by this ruling are some of those shared by ACEP, ASA and ACR in a [separate lawsuit](#) currently in a Chicago district court (2/24/22). Amplify on [Twitter](#), [Facebook](#).

- **The No Surprises Act:** [What You Need to Know](#)

ACEP Applauds Passage of Dr. Lorna Breen Health Care Provider Protection Act: On Feb. 17, 2022, the Senate passed the ACEP-supported "[Dr. Lorna Breen Health Care Provider Protection Act](#)" (H.R. 1667) by voice vote. It now heads to President Biden for his signature into law. [Read the full press release](#) and [additional background](#) about ACEP's efforts to develop and progress this bill through the legislative process.

ACEP and EMRA Send Workforce Statement to Senate HELP

Committee: ACEP partnered with EMRA to submit a statement for the record for a Senate HELP Committee hearing on workforce shortages (2/11/22). [Read more](#)

Regulatory Updates:

- [ACEP Provides Feedback on New Emergency Medicine Cost Measure](#) (2/24/22)
- [CDC Releases Long-Awaited Revised Opioid Prescribing Guideline: Open for Public Comment](#) (2/17/22)
- [The Flip Side of the Coin: A Look at the Increase in Health Insurer Consolidation](#) (2/10/22)
- [Update on ACEP Actions to Address Physician Mental Health Needs and Wellbeing](#) (2/3/22)
- [Recent Federal Efforts to Address Provider Consolidation](#) (1/27/22)

Upcoming ACEP Events and Deadlines

March 8: Deadline to apply for [ACEP Leadership Awards](#)
April 11-12: [Virtual Advanced Pediatric EM Assembly](#)
April 1 – May 31: [ED Directors Academy, Phase I](#)
April 15: Deadline to apply for [ACEP Teaching Awards](#)
May 1-3: [Leadership & Advocacy Conference](#)
May 15: Deadline to apply for [ACEP committee involvement](#)
May 18: Deadline for submissions to the [ACEP22 Research Forum](#)
May 23-25: [SIM Training Course](#)

Contact Alabama ACEP

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