Reply to the Letter to the Editor in Response to: The Correlation Between Prolonged Corrected QT Interval with the Frequency of Respiratory Arrest, Endotracheal Intubation, and Mortality in Acute Methadone Overdose

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To the editor,

We appreciate the interest and accuracy with which the writers of this letter paid attention to our study.

As the writers of the letter mentioned correctly, a depressed respiratory status including respiratory rate (RR) has a clear association with the need for naloxone therapy [1]. In our center, we use a RR of less than 10 as the indication for naloxone administration. As the hypothesis of “Torsade de Pointes (TdP) as the precipitator of respiratory arrest” was raised after the study, we tried to find the telemetry data in ICU admitted patients, but unfortunately, since a few months had passed from discharge of the patients, the telemetry data were no longer available. We have mentioned this limitation at the end of the fourth paragraph in the discussion section.

In our center, all opioid overdosed patients with depressed respiration or respiratory arrest without cardiac arrest and not suspected to have acute lung injury are first treated with noninvasive ventilation plus administration of naloxone boluses. Advanced airway management is attempted only if this therapy fails to reverse the condition. This practice is the recommended approach in opioid overdose-related respiratory depression [2]. We agree with the writers of the letter that there are a high percentage of intubated patients relative to our routine practice in this study, but we have discussed the reasons in the discussion

section (paragraph 6) as using the convenience sampling method and the proportion of more severe cases in our center. We do not believe that differences in airway management preferences and techniques may be responsible for this condition.

The association between prolonged corrected QT intervals and TdP is well shown in the literature [3]. However, as the writers indicated, it will be interesting to assess such an association in our outpatient clinic. This will require different programming in a different setting, since our objective in this study was to evaluate acute overdoses with their correlations in the emergency department setting.

Conflict of interest None.

References

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