

**SUPPLEMENTARY TABLE. Two illustrative cases of tianeptine exposure with major outcomes reported to the National Poison Data System — Iowa and Michigan, 2016**

<b>State</b>	<b>Month reported</b>	<b>Case summary</b>
<b>Iowa</b>	<b>May 2016</b>	The Iowa Statewide Poison Control received notification of a woman aged 57 years who had been taking tianeptine powder (unknown dose) up to 7 times/day for the last 6–12 months and stopped taking it one day before her emergency department (ED) visit. In the ED, she complained of dyspnea, watery diarrhea, skin crawling sensation, anxiety, and cramping in her hands and fingers. She was not taking other supplements. Urine drug screen and tianeptine levels were not performed. The patient was hypokalemic (potassium of 2 mEq/L [normal = 3.7–5.2]) throughout her hospitalization and required daily potassium supplementation. She was also treated with intravenous fluids, lorazepam, and bicarbonate therapy. On the first hospital day, she deteriorated and was intubated. During her hospital stay, she was treated with labetalol, hydralazine, propofol, lorazepam, and midazolam. The patient was extubated on day 5 and discharged home on day 7 in her usual state of health, except for persistent hypokalemia (potassium of 3 mEq/L).
<b>Michigan</b>	<b>August 2016</b>	The Children’s Hospital of Michigan Regional Poison Center was notified about a man aged 23 years who was evaluated in the ED for a seizure after taking an unknown quantity of tianeptine that was purchased online. The patient developed agitation, hyperthermia, tachycardia, hypertension, tremors, clonus, rigidity, hyperreflexia, hallucinations, and rhabdomyolysis over the course of his seven-day hospital stay. Despite lorazepam and dexmedetomidine infusion, the patient remained severely agitated requiring intubation and sedation with propofol, midazolam, and valproic acid. He was also treated with metoprolol and clonidine for his hypertension and tachycardia. The patient’s mental status improved on hospital day 2 and he was extubated on day 3. His creatine kinase peaked at 28,000 U/L. The patient was discharged on day 7 after return to baseline mental status, improvement of his clonus, and decreasing creatine kinase.