

# Pregabalin addiction and withdrawal in primary and secondary care

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## INTRODUCTION

Pregabalin is used for neuropathic pain, epilepsy, and generalized anxiety disorder [1]. However, there is an increase in Pregabalin abuse for recreational use out of doctors prescribing [expand]. Pregabalin has a structure similar to GABA, and it reduces the production of excitatory neurotransmitters while increasing the concentration of GABA in neurones [2]. In a study, 12% of patients with opiates addiction were positive for pregabalin use [3]. A German study found that multiple substance abuse was present in 42% of case in a sample of 55 cases of Pregabalin addiction with 24% of the cases having a psychiatric diagnosis [4].

## OBJECTIVE

To describe a case of Pregabalin Addiction and Withdrawal (PGAW) and to make recommendations for management.

## METHODS

The Clinical Global Impression (CGI) [5] scale described the clinical presentation with the two subscales CGI-S=Severity, and CGI-I=Improvement. The case refers to a 50-year old woman with a long history of Pregabalin abuse.

## RESULTS

At admission, the score was CGI-S=6 (severely ill). She was brought to the hospital after police found her wandering in the streets. At hospital admission, this patient presented with confusion, agitation, violence, assault of staff, and visual hallucinations. The urine was negative for recreational drugs. After the inspection of clinical notes, the working diagnosis was PGAW. The team started a short course of Diazepam 5 mg four times daily to control her behaviour and reduce Pregabalin withdrawal. Presenting symptoms of PGAW were: lethargy, confusion, low mood, anxiety, and agitation [6].

At day 2, she had CGI-S=4 (moderately ill) and CGI-I=3 (minimally improved) she started to develop symptoms of withdrawal including sweating, tachycardia, craving for Pregabalin, depression, insomnia and anxiety, nausea, and diarrhoea. At day-3, she was much improved. She had CGI=1 (very much improved) and CGI-S=2 (subtle pathology). After 17 days, she was discharged from hospital asymptomatic.

## CONCLUSIONS

Healthcare professionals should consider the risk of Pregabalin addiction and severe withdrawal symptoms in all patients who are on prescribed Pregabalin or who request strong medications for anxiety symptoms. Detailed knowledge of symptoms of PGAW will help in the diagnosis and treatment. Extensive literature reports that Pregabalin is linked to a risk of misuse [7]. The authors of the current research found in the own sample that patients more at risk, apart from those who are already extensive drug users, are also patients with borderline or dissocial personality disorder. They might present to psychiatric structure claiming or intensifying anxiety symptoms with intent to have PG prescribed. When PGAW is suspected, the psychiatric team should investigate underlying causes for chronic anxiety and reduce patient's reliance on PG for dealing with chronic stress. Suspension of the medication is not smooth. In the case reported, a brief course of benzodiazepines (Diazepam) reduced the symptoms of withdrawal while stopping PG craving.

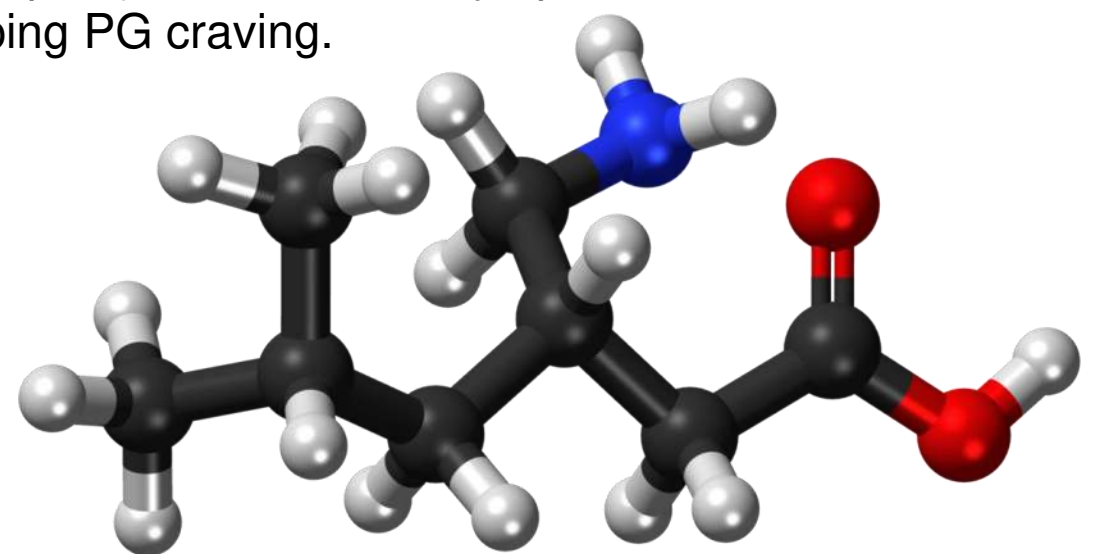


Figure 1. The molecular structure of Pregabalin

[Source: <https://en.wikipedia.org/wiki/Pregabalin>]

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