

PREGABALIN ABUSE – A CASE REPORT

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INTRODUCTION

Pregabalin is a medication with anticonvulsant, anxiolytic and analgesic effects. In Slovenia the indications for its use are neuropathic pain, some types of epilepsy and generalized anxiety disorder. There is a lot of off-label clinical use of pregabalin (e.g. bipolar disorder, insomnia, fibromyalgia, restless leg syndrome). Because of its GABA analogue activity without directly interfering with GABA metabolism, there have been proposals for its use as the main therapy for benzodiazepine and alcohol withdrawal treatment (Bobes 2012, Gimeno 2017, Guglielmo 2012). Coincidentally, there has been a growing number of reports showing abuse and potential dependency following 15 years since its presence on the market (Bonnet 2017, Cairns 2018).

We will present a case report of a 55-years-old woman with alcohol use disorder and generalized anxiety disorder. Pregabalin was used for anxiety treatment, however the patient started to abuse it.

CASE

A 55-year old Caucasian woman with borderline personality disorder, generalized anxiety disorder and a known history of alcohol abuse, visited our emergency psychiatric outpatient clinic, complaining of increased anxiety, lowered mood, abulia and general malaise lasting for several years. In the past she successfully completed the inpatient alcohol rehabilitation treatment three times, but almost immediately relapsed after discharge. She was prescribed at least three different antidepressants (tianeptine, bupropion and trazodone) - alone and in combination, which did not result in any significant anxiety relief.

During medical examination, she was in acute alcoholic intoxication (without vegetative withdrawal symptoms), lowered mood, anxious and restless. According to her, she did not take any medication. She was motivated to abstain from alcohol, yet not prepared to enroll in an inpatient treatment. Hence, weekly appointments in the outpatient clinic were scheduled and she was prescribed 100 mg trazodone daily to manage the symptoms. After a week on a follow-up appointment she was sober, without any withdrawal symptoms. She reported improved sleep and appetite, but lowered mood and anxiety were still present.

Pregabalin was prescribed for anxiety (25 mg, up to 2x per day), since other anxiety substances (sulpiride, quetiapine) were inefficient in the past.

Two months after the first examination, she had an alcohol relapse after a stressful event. To stabilize her mood, pregabalin was increased to 3x50 mg daily and antidepressant tianeptine was introduced. Tianeptine was inefficient, as was sertraline in the forthcoming months. The mood stabilized on venlafaxine, but the patient still reported overwhelming anxiousness and due to her feeling tense she sometimes took higher dosage of pregabalin than prescribed. We decided to gradually increase the dose of pregabalin in regular therapy up to 2x150 mg daily.

Over the course of two years, the patient was brought to the emergency psychiatric outpatient clinic at least two times, because of para-suicidal behavior. She ingested higher doses of pregabalin and antidepressants to ease her anxiety after stressful events.

We voiced our concern about pregabalin abuse and potential dependency to the patient and decided to gradually reduce her intake amount. The latter resulted in yet another hospitalization of the patient as a result of a deliberate intoxication with tianeptine and venlafaxine. Since then she is on regular therapy of venlafaxine (300 mg), pregabalin (2x300 mg) and quetiapine (50 mg; all daily). Under the prescribed treatment the symptoms weakened to a manageable level, and the patient continues to report stable mood with only mild anxiety levels and alcohol abstinence for more than a year.

DISCUSSION

In this report, we present a patient with a borderline personality disorder and a known history of alcohol use disorder, who was prescribed pregabalin for anxiety relief but started to abuse it. Pregabalin was reportedly the only drug that helped her ease the anxiety, which is why she started to abuse it. Patient's medical condition stabilized after a prescribed regular treatment with pregabalin in conjunction with venlafaxine and quetiapine.

The rate of pregabalin prescriptions globally are on the rise which is likely due to its favorable pharmacokinetic and pharmacodynamic effects (Cairns 2018, Green 2019). Its efficacy on improving the duration of abstinence from alcohol could be due to lowering

anxiety. As stated in the literature, women with alcohol use disorder have higher stress and comorbid anxiety disorders and they are more vulnerable for relapse, hence high level follow up and intensive treatment should be considered (Gimeno 2017). In the abovementioned case, we decided that regular pregabalin prescription resulting in patient being stable and contributing to society was better, than patient not being able to keep abstinence from alcohol and being hospitalized after acute intoxication with possible serious complications, if continued.

Previously, pregabalin was already recommended as a treatment of choice for alcohol and benzodiazepine dependence showing promising results in small groups but lacking extensive research with placebo-controlled, randomized, and double-blind trials (Bobes 2012, Guglielmo 2012). However, it is important that clinicians are aware of potential drug abuse and cautious - as warned in the summary of pregabalin's characteristics, when prescribing the drug to patients with demonstrated history of substance abuse.

There are only a few cases describing pregabalin abuse with patients without any track record of substance abuse (Bonnet 2017). Although rarely described, it might be a phenomenon more prevalent than known, and something that is worth to be further researched.

CONCLUSION

Pregabalin is a very useful medication with favorable pharmacokinetic and pharmacodynamic effects and a wide range of prescribing indications. Although there are some promising studies showing its possible use for treatment of alcohol and benzodiazepine dependence, there is also growing evidence for its abuse and dependency. Our case report confirms both: while on regular pregabalin prescription in maximum dose the patient kept abstinence from alcohol and was fully functional, but has abused pregabalin when prescribed in lower doses and kept anxious. Until proven otherwise, we would recommend caution when prescribing

pregabalin to patients with a proven substance abuse history, and in that case use it only when all other therapeutic options have been exhausted with high level of follow up.

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Contribution of individual authors:

Teodora Svalina - literature search and analyses, interpretation of data, manuscript writing.

Anja Kokalj Palandacic - conception, clinical work, revision.

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