Misuse of pregabalin: case series and literature review

Preve M, Suardi NE, Colombo RA, Traber R
Psychiatric Clinic, Sociopsychiatric Organization, Mendrisio, Switzerland

ABSTRACT

Pregabalin (Lyrica) is widely used in neurology, psychiatry and primary healthcare. It’s an anticonvulsant approved in Canada and the United States (US) to treat neuropathic pain associated with diabetic peripheral neuropathy, postherpetic neuralgia, and pain associated with fibromyalgia in adults and approved in Europe to treat generalized anxiety disorder. The purpose of this report is to review the clinical evidence for the potential of abuse and misuse of pregabalin. We propose ten different cases and literature review. All our patients with pregabalin misuse at the admission present: cocaine, alcohol and/or heroin in drugs urine screening; a significant high level of total anxiety at the HAM-A Tot (p<.001), and especially at the item 7 (p<.001). Our result identify a particular population the misuse pregabalin that are abuser of cocaine, alcohol and/or heroin. Further research is warranted to replicate our clinical and qualitative observations and, in general, quantitative studies in large samples followed up over time are needed. Methodological limitations, clinical implications and suggestions for future research directions are considered.

Introduction

Pregabalin (Lyrica) is widely used in neurology, psychiatry and primary healthcare. It’s an anticonvulsant approved in Canada and the United States (US) to treat neuropathic pain associated with diabetic peripheral neuropathy, postherpetic neuralgia, and pain associated with fibromyalgia in adults and approved in Europe to treat generalized anxiety disorder [1,2]. The maximum dose of pregabalin depends on its indication but should not exceed 600 mg/day. Gabapentin-induced hypomania and mania as well as gabapentin-associated aggression have been reported. Both pregabalin and gabapentin are GABAergic, and pregabalin is structurally related to gabapentin. Pregabalin has shown greater potency than gabapentin in preclinical models of epilepsy, pain and anxiety, and pregabalin may have potential in the treatment of some aspects of cocaine addiction [3]. The purpose of this report is to review the clinical evidence for the potential of abuse and misuse of pregabalin. We propose ten different cases and literature review.

Method

Ten inpatients with misuse of pregabalin were assessed with: the SCID-P for axis I diagnosis, Anamnestic Folio to qualify all the possible clinical correlates linked to drugs abuse, HAM-A (Hamilton Anxiety Scale) to quantify anxiety symptoms and Drug Abuse Screening Test (DAST) to quantify drugs abuse. All patient received a complete internistic examination, blood test exams and as well as a urine drugs screening. We conducted a systematic review of the literature with the principal scientific database (PubMed, Embase, Psychninfo), using the terms “pregabalin”, “misuse”.

Results

There are any significant different in sociodemographic characteristics. We found in all our patients with pregabalin misuse at the admission a presence of: cocaine, alcohol and/heroin positive in drugs urine screening; a significant high level of total anxiety at the HAM-A Tot (p<.001), and especially at the item 7 (p<.001); the misuse of pregabalin is made for sniffing; the predominant symptoms assessed were euphoria, psychomotor activation and sedation.

Discussion and conclusion

Schifano F and coll., [1,2] suggest that physicians considering prescribing gabapentinoids for neurological/psychiatric disorders should carefully evaluate a possible previous history of drug abuse, whilst being able to promptly identify signs of pregabalin/gabapentin misuse and provide possible assistance in tapering off the medication. Our result identify a particular population the misuse pregabalin that are abuser of cocaine, alcohol and/or heroin. Further research is warranted to replicate our clinical and qualitative observations and, in general, quantitative studies in large samples followed up over time are needed. Methodological limitations, clinical implications and suggestions for future research directions are considered.

References