

## Pregabalin Use Disorder

Mehmet Bülent SÖNMEZ

Department of Psychiatry, Trakya University, Faculty of Medicine, Edirne, Turkey

Dear Editor,

Pregabalin is a gamma-aminobutyric acid (GABA) analog used for the treatment of partial epilepsy, neuropathic pain, fibromyalgia, and generalized anxiety disorder. As a GABA analog, there has been some concern about its abuse liability. The number of case reports on the abuse potential of pregabalin has increased (1,2,3,4). To our knowledge, this is the third case report of pregabalin use disorder in Turkey.

Mr. C was a 31-year-old man who asked to be admitted to the department for addiction medicine in June 2014. At the time of his admission, he was consuming 25–30 capsules (equivalent to 3750–4500 mg) of pregabalin and using more than 3 g synthetic cannabinoids per day. He started using pregabalin 4 years ago and experienced euphoric feelings in high doses. In the following months, his pregabalin use became regular; he developed tolerance, and increased the dose to 25–30 capsules per day. He developed withdrawal symptoms (including sweating, tremor, anxiety, irritability, insomnia, and craving for pregabalin) when he tried to stop using pregabalin. His longest period of abstinence from pregabalin was 3 days during the past year. The patient reported a history of regular cannabis use for 14 years and excessive alcohol use (drinking 6 or more standard drinks on an occasion) at irregular intervals for 16 years. He had been using synthetic cannabinoids instead of cannabis during the past 6 months. He also reported being hospitalized for substance use disorder (twice in 2004 and once in 2012) and substance-induced mood disorder (once in 2001). He was treated with venlafaxine and quetiapine as an outpatient to relieve substance-related symptoms at irregular intervals. He had been regularly using venlafaxine (150 mg/day) and quetiapine (300 mg/day) for two months as well as pregabalin and synthetic cannabinoids.

After admission to the unit, he was hospitalized for addiction treatment. He fulfilled the DSM-5 criteria for cannabis use disorder (current severity: severe, presence of 9 symptoms) and other substance (pregabalin) use disorder (current severity: severe, presence of 9 symptoms). A breathalyzer test for alcohol was negative, and urine drug test was positive for cannabis. Standard laboratory and electrocardiography results were without pathological findings. He continued to take venlafaxine and quetiapine; his withdrawal symptoms were relieved by diazepam. He repeatedly complained of a heavy craving for pregabalin and synthetic cannabinoids. He discontinued the treatment on the third day after his admission.

Supported by case reports and the results of a limited number of studies, there is an ongoing debate on the abuse potential or addictive nature of pregabalin (5). Pregabalin is likely to be abused for its positive psychological effects. Abrupt or rapid discontinuation of pregabalin may produce withdrawal symptoms including nausea, diarrhea, headache, sweating, tremor, anxiety, irritability, insomnia, and craving (1,2,3,4,5). Male gender and a history of previous or concomitant abuse of or dependence on psychotropic substances may be possible risk factors for the development of addictive behaviors related to pregabalin (5). Pregabalin should be carefully used in patients with a history of substance use disorders.

**Conflict of Interest:** No conflict of interest was declared by the authors.

**Financial Disclosure:** The authors declared that this study has received no financial support.



**Correspondence Address:** Dr. Mehmet Bülent Sönmez, Trakya Üniversitesi Tıp Fakültesi, Psikiyatri Anabilim Dalı, Edirne, Türkiye  
E-mail: mbsonmez76@hotmail.com

**Received:** 15.09.2014 **Accepted:** 20.09.2014

©Copyright 2015 by Turkish Association of Neuropsychiatry - Available online at www.noropsikiyatrisivi.com

**REFERENCES**

1. Aldemir E, Altintoprak AE, Coskunol H. Pregabalin dependence: A case report. *Turk Psikiyatri Derg* 2015; 26:217-220.
2. Grosshans M, Mutschler J, Hermann D, Klein O, Dressing H, Kiefer F, Mann K. Pregabalin abuse, dependence, and withdrawal: a case report. *Am J Psychiatry* 2010; 167:869. **[CrossRef]**
3. Yargic I, Alyanak Ozdemiroglu F. Pregabalin abuse: Case report. *Klinik Psikofarmakoloji Bülteni* 2011; 21:64-66. **[CrossRef]**
4. Gahr M, Franke B, Freudenmann RW, Kölle MA, Schönfeldt-Lecuona C. Concerns about pregabalin: further experience with its potential of causing addictive behaviors. *J Addict Med* 2013; 7:147-149. **[CrossRef]**
5. Gahr M, Freudenmann RW, Hiemke C, Kölle MA, Schönfeldt-Lecuona C. Pregabalin abuse and dependence in Germany: results from a database query. *Eur J Clin Pharmacol* 2013; 69:1335-1342. **[CrossRef]**