GHB dependence: a new detoxification protocol

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GHB, the basics

- Gammahydroxybutyrate
- Discovered by dr. Laborit in France
- Put and taken to multiple uses
Intoxication

- **Low doses**
  - nystagmus, ataxia, dizziness, amnesia
- **Medium doses**
  - drowsiness, euphoria, desinhibition
- **High doses:**
  - Coma, bradycardias, convulsions, apnoeic spells
Dependence

- A dose every 1.5-2 hours.
- 20-45 grams a day
- Arises in weeks to months after daily use
- Early symptoms are anxiety, twitching and insomnia that necessitate taking a new dose.
Withdrawal

- Starts within a few hours after the last dose
- Combination of alcohol and benzodiazepine withdrawal
- Depression, anxiety, insomnia, nausea and vomiting, craving, twitches, tremors, and episodes of tachycardia
- Can swiftly spread to uncontrollable agitation and delirium
Detoxification or managed withdrawal

- Has been tried with GHB, benzodiazepines and Sodium Oxybate (Xyrem)
- Necessitates either high doses of GHB or benzodiazepines.
- Is dangerous because of risk of delirium
- A number of published cases ending in IC units
- No solid effective method published yet
The developed protocol

- Has explicit descriptions of
  - Benzodiazepine taper
  - Observation scales
  - Symptoms of intoxication and withdrawal
  - Necessary equipment and personnel

  - Most important:
  - Give the first dose immediately at admission
  - Do not spare the diazepam
Findings from the past year

- 7 patients (5 women, 2 men) in our institute and at least one in another institution were successfully detoxified using this protocol.
- 3 were detoxified a second time after relapse.
- Not one patient developed a delirium or seizures.
- The VAS for craving/anxiety is considered very helpful by nursing staff.
Conclusions from the past year

Remarkable conclusions include:

- Too many observation scales were advised: More than four days OWS and SWS is superfluous.
- Five out of six female patients got romantically involved with a co-patient.
- Diazepam: Advice was to spread it over the day: in practice it was given four times per day.
Changes in the protocol

- Improve the treatment algorithm: if only mild withdrawal symptoms, then concentrate diazepam dosage over the day.
- Use fewer observation scales: SWS and OWS only for the first four days
- We’re considering sex-segregated detoxifications for GHB.
Thank you for listening

• Any questions?