

Venlafaxine Dependence: A Case Report

Ugur Cikrikcili, Gasim Gasimzada and Ilhan Yargic

Department of Psychiatry, Istanbul Faculty of Medicine, University of Istanbul, Istanbul 34093, Turkey

Abstract: Venlafaxine, an SNRI (serotonin-norepinephrine reuptake inhibitor) drug, is commonly used to treat depression. Although it is very rare, venlafaxine may lead to addiction or abuse in some patients. To date, there are very limited data available on venlafaxine addiction. The aim of this article is to draw an attention to dependence of venlafaxine in clinical practice. Significant point of this article is: Our patient was addicted by “high” doses of venlafaxine for getting high effects. Overdose of venlafaxine produces an amphetamine-like “high” with experiences of euphoria by its ability to increase neurotransmitter levels in addiction literature [1-3]. We present a man aged 42 years, who was referred to our clinic for detoxification from venlafaxine addiction. He had been taking venlafaxine upto 1,950~2,100 mg/day to get high for the past 10 years. Physicians must be careful when prescribing antidepressants to patients, especially those with a history of alcohol and/or drug addictions or abuse.

Key words: Addiction, dependence, antidepressant, venlafaxine.

1. Introduction

AD (antidepressants) is the most commonly prescribed drugs in psychiatric treatment, with venlafaxine being one of the most popular. Due to amphetamine-like “high” produced with overdose of venlafaxine, abuse of this drug is possible among patients with mood or personality disorders, or history of addiction. However, venlafaxine abuse has been documented in only a few cases. Venlafaxine has significant ability to effect serotonin reuptake than norepinephrine, with a less affinity for dopamine. Sudden discontinuation of this medication can cause a serious discontinuation syndrome. We report a man aged 42 years who was referred to our clinic after a suicide attempt, presented with compulsive drug pursuit behavior and exhibited impulsive and agitated behaviors during discontinuation syndrome.

2. Case Report

A married man aged 42 years, who had a history of alcohol dependence, was referred from a private psychiatric center to our addiction unit for

detoxification from venlafaxine. At the time of his referral the patient smoked one pack of cigarettes per day with no other substance abuse. He reported compulsive use of venlafaxine, which he extracted from the capsules and ingested sublingually for a better “high” effect. He also reported impulsive behavior, conversion attacks and eating disorder.

His psychiatric problems began at age 27, when he suffered torture for his political thoughts and actions in prison. The patient had symptoms of post traumatic stress disorder after being released; However, he had not had any psychiatric treatment for this condition. Around the same time he began to abuse alcohol and over the next 10 years became dependent to alcohol, reaching a daily consumption of two liters of hard alcohol plus 3~4 bottles of beer. During this period, he was involved in a car accident that necessitated several surgeries. He stopped drinking afterwards.

After a suicide attempt 10 years ago, he started an out-patient psychiatric treatment and was prescribed 75 mg/day venlafaxine for depression. However, this did not stabilize his mood and he continued to suffer from depression. The patient began self-medicating with higher and higher doses of venlafaxine over the next 10 years such that by the time he was referred to us he was taking 1,950~2,100 mg/day. He made two

Corresponding author: Ugur Cikrikcili, M.D., research fields: neuropsychiatry, neuropsychopharmacology and neurodegenerative disorders.

more suicide attempts where he cut his wrists seven months and two weeks ago. His wife stated that, “when he takes the pills he gets high. He works excessively, up to 20 h a day, and sleeps only one or two hours at night. When he does not take venlafaxine, he becomes anxious, aggressive and he has visual and auditory hallucinations.” During the last few months, prior to referral to us and despite taking 1,950~2,100 mg/day, he was not achieving the “high” feeling, so he began extracting the drug from the capsules to take sublingually. During the past five years, he lost nearly 150 lb in weight and was currently eating only one apple and two packets of biscuits per day. Eventually, he could not eat any food due to nausea and vomiting. Two years ago, he had a 60% vision loss in his left eye due to an optical vein thrombosis. At the same time, a liver vein embolism abruptly presented and he was hospitalized with a diagnosis of deep vein thrombosis in his crural veins. He also began experiencing urination and defecation difficulties.

After the most recent suicide attempt, he was admitted to another hospital and duloxetine 60 mg/day, olanzapine 10 mg/day and mirtazapine 15 mg/day were started. Quetiapine 100 mg/day was added but the patient gave up the treatment because of continued craving. When he was hospitalized in our unit, citalopram 10 mg/day and quetiapine ratarad 400 mg/day were started and we planned a decrease of 75 mg of venlafaxine per day. ECG (electrocardiography), CBC (complete blood count) and routine biochemistry analysis were performed once a week. Discontinuation symptoms were reported by the patient during his hospital care. When the reduction of venlafaxine reached a dose of 1,000 mg/day, he became agitated, presented rude behavior toward other patients and the medical staff, he suffered poor quality of sleep and developed tachycardia-diaphoresis with hypotensive attacks. He presented neuropsychological outcomes, like critical self-judgment, lack of personal will, severe anxiety

and depressed mood. Easing of neuropsychological symptoms was achieved by treatment but the behavioral problems and craving for venlafaxine were very resistant to treatment.

At the end of four weeks of treatment, discontinuation symptoms were reduced, cravings had ceased, and the patient was free of conversion attacks and impulsive behavior. He was discharged from the hospital with a plan of continuing ambulatory care service visits.

3. Discussion

Large doses of venlafaxine produce an amphetamine-like “high” effect, and therefore, it can be abused by persons with a history of drug or alcohol addiction/dependence. When the medication is stopped, discontinuation symptoms and cravings have been shown to occur rapidly in clinical practice due to the increased levels of serotonin, noradrenaline and dopamine. Discontinuation symptoms typically present over a wide spectrum as was the case with our patient. There are five cases in the literature with venlafaxine addiction/dependence. One reported use of high doses for symptom relief [4], another documented relief of symptoms and prevention of withdrawal symptoms [5], and three case reports were about achieving the “amphetamine-like high” effect [6-8]. Our case should be categorized as drug addiction, like the last three case reports.

4. Conclusions

Antidepressants are the most commonly prescribed drugs in psychiatric treatment and venlafaxine is one of the most preferred drug in these psychotropic groups. Some individuals misuse high doses of venlafaxine to treat their psychiatric symptoms or cannot discontinue venlafaxine due to withdrawal symptoms. But some patients (like ours) may use it to get high and become addicted. These situations must be differentiated for a better diagnosis and specific treatment plan.

Physicians must be careful about the addictive potential of venlafaxine especially in patients with a history of substance dependence.

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