Gabapentin: long-term antianxiety and hypnotic effects in psychiatric patients with comorbid anxiety-related disorders

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LETTERS TO THE EDITOR

Gabapentin: Long-Term Antianxiety and Hypnotic Effects in Psychiatric Patients With Comorbid Anxiety-Related Disorders

Dear Sir:

Gabapentin is a new oral antiepileptic drug (AED) that is structurally related to GABA-aminobutyric acid (GABA) but which does not interact with GABA receptors. It has a simple pharmacokinetic profile and is easy to use as adjunctive therapy, even in high-risk populations, unlike the standard AEDs (carbamazepine, valproic acid), which are metabolized and have properties that complicate their clinical use (such as drug interaction). Recently, reports and our own clinical experiences have noted the efficacy of using gabapentin as adjunctive therapy for a variety of psychiatric patients (1–3). We would like to report the long-term beneficial effects of gabapentin in psychiatric patients who need adjunctive anticonvulsant therapy and/or benzodiazepines and for those who have a primary or comorbid anxiety disorder.

The benefits and adverse effects of gabapentin have been compiled from data obtained from 18 patients (10 women, 8 men) who were treated prospectively in a naturalistic way with gabapentin. Fifteen of the 18 patients were treated for at least 12 months (14 to 22 months [N = 7]; 25 to 28 months [N = 5]; 29 to 31 months [N = 2]; or 38 months [N = 1]). The patients ranged in age from 22 to 79 years (mean age 48), 10 of whom were diagnosed with schizophrenia, 4 with schizoaffective disorder, and 3 with bipolar illness (of these, 4 experienced comorbid panic disorder, 4 experienced comorbid alcohol dependency, 2 experienced comorbid obsessive–compulsiveness, one experienced comorbid generalized anxiety, and one experienced drug dependency), and 1 patient with generalized anxiety with comorbid major depression. All of the patients required concomitant psychiatric medications (lithium, antidepressants, antipsychotics, or other anticonvulsants) while taking gabapentin. Most patients (N = 15) had their current anticonvulsant drug (valproic acid) discontinued and replaced by gabapentin, while one patient received valproic acid and gabapentin concomitantly. Fourteen of the 18 patients treated with gabapentin had positive clinical responses.

The main beneficial effects, at 200 to 1800 mg daily (the lowest–highest dosage used was 100 and 4400 mg, usually in divided doses [mean dose 1111 mg, median 1000 mg daily]), occurred on the anxiety-related symptoms, which included somatic complaints, panic, obsessive–compulsive symptoms, psychotic anxiety, generalized anxiety, and insomnia. Improved sleep and reduced anxiety occurred in all cases. Two patients had to discontinue using gabapentin because of side effects; one because of drug interaction with fluoxetine and L-dopa-induced delirium and the other because of toxicity due to high doses of gabapentin (4400 mg daily) and valproic acid (4000 mg daily). Gabapentin was also discontinued after several months (range 3 to 25 months) of drug intake in 3 patients who were hospitalized because of relapse, 3 patients because of loss to follow-up, and one patient because of noncompliance. The most common side effects were drowsiness and dizziness at initiation of treatment. Gabapentin appears to be an ideal substitute for valproic acid and benzodiazepines for long-term

therapy. It was found to have the anxiolytic and hypnotic properties of benzodiazepines in patients with a variety of psychiatric disorders with comorbid anxiety, alcohol dependency, and insomnia. Its beneficial effects were long-lasting and were still present several months after initiation without dose increases and the problems of dependence and withdrawal. The anxiolytic properties of gabapentin have been supported by recent pharmacological studies that have found its effect to be comparable to that of diazepam (4).

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