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ADDICTOLOGY

## Pregabalin use disorder and secondary nicotine dependence in a woman with no substance abuse history

*Addiction à la prégabaline et dépendance nicotinique secondaire chez une jeune femme sans antécédent d'abus de substance*

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### KEYWORDS

Pregabalin;  
Substance-related disorders;  
Tobacco use;  
Addictovigilance;  
Case reports

**Summary** This is an addictovigilance report of a pregabalin use disorder case in a young female patient who secondarily presented a tobacco use disorder after smoking initiation combined with pregabalin intake. Pregabalin was first prescribed for anxiety. Concomitant use of pregabalin with tobacco led to a synergic effect of both substances. She presented a craving behavior for pregabalin, with a tolerance phenomenon and a withdrawal syndrome between pregabalin intakes. The patient had a history of depressive disorder, personality disorder and anorexia, but never had any history of substance use disorder. This case report is noteworthy for 3 reasons: 1: this is one of the first report of pregabalin use disorder in a patient without any substance abuse disorder (licit or illicit), with the exception of a personal vulnerability factors to substance abuse; 2: the patient presented characteristics of pregabalin use disorder at usual dose (below 300 mg per day), with drug-seeking behavior, tolerance phenomenon and intense craving with these moderate doses; 3: concomitant use of pregabalin with tobacco led to a synergic effect of both substances.

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## MOTS CLÉS

Prégabaline ;  
Troubles liés à une  
substance ;  
Usage de tabac ;  
Addictovigilance ;  
Présentation de cas

**Résumé** Nous présentons un cas d'addiction à la prégabaline, prescrite dans le cadre de troubles anxieux, d'une jeune femme qui a secondairement développé une addiction nicotinique après une initiation au tabac sous prégabaline. Elle a présenté rapidement un *craving*, un phénomène de tolérance, et un syndrome de sevrage à distance des prises de prégabaline. L'usage concomitant de prégabaline et de tabac contribuait à un effet synergique des substances. La patiente avait des antécédents de dépression, d'anorexie mentale et de troubles de la personnalité, mais aucun antécédent d'abus de substance. Ce cas est marquant, car il s'agit d'un des premiers cas rapportés d'addiction à la prégabaline chez un sujet sans antécédent d'abus de substance (licite ou illicite) mais néanmoins une vulnérabilité addictive. Le trouble de l'usage à la prégabaline est survenue à dose usuelle (inférieure à 300 mg par jour) et la consommation de tabac avec la prégabaline apportait un effet synergique.

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## Abbreviations

DSM diagnostic and statistical manual of mental disorders  
ICD international classification of diseases

## Introduction

Pregabalin is a psychotropic drug used to treat epilepsy, neuropathic pain and generalized anxiety disorder since its commercialization in 2006. According to pharmacovigilance data, Europeans and Worldwide surveillance systems had identified a pregabalin alert in 2010 from abuse signals [1,2] and several cases of death linked to pregabalin abuse [3]. A first case of abuse and withdrawal syndrome was reported in Germany in 2010 [4], then several other cases were published in Europe [4–7] and recently in Turkey [8] and Denmark [9]. A French pharmacovigilance data study did not find any addiction or cases of abuse or misuse [10]. The cases reported in these countries concerned patients with a history of legal or illegal substance use disorder. Recently, one case was published concerning pregabalin use disorder without a previous history of illicit substance use disorder [11], and another, in India, with no history of drug-seeking behavior [12]. We found no other cases reported, searching PubMed for the last time on 14th September 2015. We present here the case of pregabalin use disorder (diagnostic and statistical manual of mental disorders [DSM]-5 304.90 [13] or international classification of diseases [ICD]-10 F19.20 [14]) in a female patient with no history of substance use disorder (whether tobacco or any prescribed drugs) with the exception of addiction vulnerability factors. She also presented a tobacco use disorder (according to DSM-5 [13]) secondarily to a smoking initiation combined with pregabalin intake suggesting synergic psychotropic effect with both substances. Free informed consent was given by the patient for this publication.

## Observation

This case concerns a 24-year-old followed up in general practice. She had a history of anorexia nervosa and major depressive disorder during her teens, with two suicide attempts (voluntary drug intoxication) leading to psychiatric hospitalizations. Personality disorders were diagnosed, including borderline personality disorder. Concerning family medical history, one first-degree parent had bipolar disorder. This patient had no history of substance use disorder (according to DSM-5 [13]), including psychoactive drug use disorder (tobacco or prescribed psychotropic drugs).

She was adherent to the different psychotropic drugs successively prescribed, with no substance use disorder: oxazepam, antidepressive agents (successively fluoxetine and mirtazapine) and antipsychotic drugs (successively cyamemazine and aripiprazole).

She benefited from psychiatric follow-up alongside general practice follow-up until 2010: beyond this date, she moved to various cities for her studies and was followed discontinuously by different general practitioners. During 2012, pregabalin was prescribed for generalized anxiety disorders. The maximum dose reached was 300 mg (100 mg three times a day).

Within a few weeks, the patient started feeling a strong sense of euphoria and omnipotence during the substance use, which is a well-known side effect of pregabalin implied in the rewarding phenomenon of the substance. The anxiolytic effect was also reported. At the same time, she noticed a tolerance phenomenon with the usual doses of pregabalin (less euphoria and anxiolytic effect after intakes, requiring a higher dose of pregabalin to reach the same effects). She daily experienced a craving feeling out of pregabalin use, and a withdrawal syndrome before next pregabalin intake (tremors, sweating, insomnia and asthenia), that lead to new drug intakes (corresponding to DSM-5 292.0 item [13]) and thought of stealing a friend's pregabalin prescribed to increase her consumed dose, without any physician's consent. She reported having suicidal ideas during withdrawal syndrome, unexplainable according to her in particular due to the absence of mood disorder reported at that time (and no suicide attempted recorded). She reported

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