

CASE REPORT

CYPROHEPTADINE AND DEXAMETHASONE ABUSE

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ABSTRACT

Cyproheptadine is an appetite stimulator with an additional anticholinergic, anti-serotonergic, and local anaesthetic properties. Dexamethasone is a potent synthetic member of the glucocorticoid class of steroid drugs. It acts as an anti-inflammatory and immunosuppressant. Here we report a rare case of Cyproheptadine and Dexamethasone dependence in a HIV positive patient.

Key words – Cyproheptadine, Dexamethasone, Abuse

INTRODUCTION

Cyproheptadine is a first-generation antihistamine with additional anticholinergic, anti-serotonergic, and local anaesthetic properties¹. It has been used in treatment of allergic reactions, nightmares related to PTSD², cyclical vomiting syndrome³, to stimulate appetite⁴, drug induced hyperhidrosis⁵ and SSRI induced sexual dysfunction⁶⁻⁷. It can also be used as a preventive measure against migraine in children and adolescents⁸. It has been found to improve sleep, calmness and negative symptoms in chronic schizophrenics who do not respond to other therapies⁹. Its common adverse effects include drowsiness, dizziness, nausea, blurred vision, dry mouth, constipation, excitability, nervousness and restlessness¹⁰. Dexamethasone is a potent synthetic member of the glucocorticoid class of steroid drugs¹¹. It is used to treat many inflammatory and autoimmune conditions, such as rheumatoid arthritis and bronchospasm, idiopathic thrombocytopenic purpura and has also been used in treatment of adrenal insufficiency and Addison's disease¹². We report here a rare case of combined Dexamethasone and Cyproheptadine abuse.

CASE REPORT

A 23 year old 8th standard educated, unmarried male, working as insurance agent came to us for treatment of his addiction of Cyproheptadine and Dexamethasone tablets consumption. He was lean by built and as advised by his friend, started taking "red" and "white" tablets given by chemist for weight gain. He started taking 4mg Cyproheptadine before meals and 0.5mg of dexamethasone after meals three times daily. He gained weight on it and started looking attractive. Once he stopped taking it for 2 months and he lost all his gained weight and so restarted taking it. He has been regularly

taking these medications in same doses daily for last 2 years. He tried to quit his habit of consuming these tablets multiple times but was not successful. He would have withdrawal features in form of loss of appetite, loss of sleep, fatigability, headache, tremors, and increased frequency of passing stools. He would get these withdrawal symptoms a day after stopping tablets and would be relieved only on restarting those tablets. He even tried to take tablets every alternate day but still would have mild withdrawal and so would take daily. He has not taken any treatment for this habit in past. He had a homosexual relationship with his room-mate (male) 2 years back. He had got himself checked for HIV status 18 months prior to presentation and had turned out to be positive but he was not on any treatment as his current CD4 counts are 450. He had no other complications of HIV. He had the habit of consuming alcohol occasionally. His past medical and surgical history was not significant apart from having tuberculosis in childhood but he had not taken complete treatment for the same. He did not have any complaints of other psychiatric illness. His father had history of consuming alcohol daily. The patient was managed on an outpatient basis only. He was advised to completely abstain from all the drugs he was taking. To prevent his complaints of decreased sleep on stopping medications he was prescribed tablet Quetiapine 50mg at night and for weight gain tablet Mirtazapine 15mg at night. He was psychoeducated and counselled about the condition. The patient was better in a week and completely abstaining from the drugs.

DISCUSSION

To the best of our knowledge, there is just one case report in literature of Cyproheptadine abuse¹³. We feel that the patient in this case took the drug not as a need

for abuse but rather to satisfy his desire to grow in height and weight. The abuse potential of both Cyproheptadine and Dexamethasone are negligible and hence the chance of abuse and getting a high with the drugs is low. Yet there is a chance of potential chance that patients may take more than the required dosage of these drugs in order to benefit from the positive effects. This is an area that clinicians must be aware of.

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