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Profound delirium and agitation due to a Baclofen withdrawal state

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Objective: Baclofen overdose has been described as causing coma, seizures and altered brain stem reflexes. The acute withdrawal state attributed to baclofen is less well described. We present a case of profound delirium attributed to baclofen withdrawal syndrome.

Case Report: A 39 year old male, with a past history of seizures, presented to the Emergency department by ambulance following a seizure at home. He had a history of mechanical back pain and alcohol excess, the latter thought not to be a current issue, and was at the time prescribed paracetamol, codeine, oxycodone with baclofen having been commenced several weeks prior. He was admitted to the Emergency department short stay unit with a presumed post ictal state but noted to have tremors and auditory hallucinations as he emerged from this. He became increasingly agitated over the next 24 hours, during which time he was administered a nicotine patch and benzodiapines per orum on several occasions. He remained delirious the following day and further medication history suggested he had been accessing baclofen up to 240 mg per day, amitriptyline up to 200 mg per day, nitrazepam up to 15 mg per day, a buprenorphine patch, codeine up to 180 mg per day and an unquantified amount of oxycodone. Due to ongoing problematic agitation, he was administered droperidol 10 mg parenterally on 2 occasions, followed by 4 mg/kg intramuscular ketamine with no effect. He was also given 2 mg parenteral physostigmine to reverse possible anticholinergic toxicity due to amitriptyline but his state of agitated delirium continued unchanged. He was subsequently intubated to safely manage his agitated state and following this a brain CT was performed which did not reveal any acute pathology. A lumbar puncture was also performed which did not support a diagnosis of meningitis or encephalitis and tested negative for NMDA receptor antibodies. He was admitted to the intensive care unit and commenced on a propofol and midazolam infusion. He was extubated 36 hours later, approximately 72 hours post presentation. He remained confused for a further 24 hours following which his sensorium was clear and he was able to confirm specific details of his medication history. He was discharged home approximately 96 hours post presentation.

Conclusion: Baclofen withdrawal is an uncommon cause of delirium. Healthcare workers should however consider this in cases which have had access to baclofen and have an agitated delirium. Recognition is important as this condition may be difficult to treat with sedative agents.