Poster Abstracts

PO-82

THE INCREASING PREVALENCE OF PREGABALIN IN OVERDOSE: CHARACTERISTICS AND CLINICAL EFFECTS

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Objectives:

This study sought to investigate the incidence and clinical effects of pregabalin overdose.

Methods:

This was a retrospective review of pregabalin overdoses (>600mg) admitted to two tertiary toxicology units from 1st January 2012 until 31st December 2015. Demographic details, information on ingestion (dose, coingestants, reason for overdose), clinical effects, complications (consciousness, cardiovascular effects), length of stay (LOS) and intensive care unit (ICU) admission were extracted from a clinical database.

Results:

	Pregabalin with Coingestants	Pregabalin Alone
No. Patients Gender (M/F)	51 27/24	23 11/12
Age, y Median (IQR) Range	45 (34-53) 20-65	40 (28-67) 19-67
Dose, mg Median (IQR) Range	2100 (1050-4100) 600-16950	1650 (1100-9000) 600-9000
Reason for O/D DSP, n (%) Unintentional/Accidental, n (%) Recreational, n (%)	45/51 (88) 2/51 (4) 4/51 (8)	18/23 (78) 3/23 (13) 2/23 (9)
Pregabalin Own Medication? Yes, n (%) No, n (%) Unknown, n (%)	40/51 (78) 9/51 (18) 2/51 (4)	16/23 (70) 6/23 (26) 1/23 (4)

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15.8 (9.7-27.3)	13.6 (9.8-83.5)
0.2-187.3	0.9-83.5
14/51 (28)	6/23 (26)
22/51 (43)	7/23 (30)
8/51 (16)	1/23 (4)
•	` .
94 (79-100)	97 (92-99)
38/51 (75)	12/21 (57)
13/51 (26)	3/21 (14)
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13 (3-15)	14 (3-15)
` '	
370 (280-480)	380 (300-440)
	0.2-187.3 14/51 (28) 22/51 (43) 8/51 (16) 94 (79-100) 38/51 (75) 13/51 (26) 13 (3-15)

While pregabalin is approved for epilepsy, generalized anxiety disorder and refractory neuropathic pain it was primarily being taken for chronic back pain (40%). Nine patients (12%) were admitted to ICU but these could be attributed to the coingestants in all cases. One of these patients had myoclonus, an uncommon but known effect of pregabalin (10.5g). One patient had two seizures after their pregabalin only overdose but had a prior history of seizures.

Conclusion:

This study shows that pregabalin overdose is becoming more common and is primarily being taken for chronic back pain. The more severe clinical effects appear to be associated with the coingestants rather than the pregabalin although cardiovascular effects and impaired GCS were common in all patients.