

INVITED SPEAKERS

2. Pregabalin Misuse in MENA Region Migrants: Dangers of a Neglected Epidemic

Pregabalin, a structural GABA analog, is used to treat neuropathic pain, generalized anxiety disorder and refractory partial epilepsy as an adjunct drug. Despite preclinical studies suggesting a low potential for abuse, signals of misuse/abuse have emerged since its marketing in 2004 following rapidly increased prescriptions, mainly in opioid users in the occidental countries. Life-threatening poisonings with severe or fatal neuro-respiratory depression have been described. Toxicity was attributed to pregabalin combination with an opioid or benzodiazepine. This lecture will focus on pregabalin use disorder as a major but poorly reported issue in the Mena-region and as possibly resulting in a neglected epidemic in the developing countries. In Europe, pregabalin misusers/abusers are mainly 1st-generation young male migrants from the Mena-region. Pregabalin misuse is associated with challenging/traumatic migration pathways, precarious living conditions, nonstable income, and psychiatric/somatic comorbidities without adequate care. Pregabalin is mainly used to cope with the daily situation, as a self-medication for anxiety-depressive disorders and chronic pain, initiated in home country, and exceptionally used alone. Interestingly, pregabalin was ranked in the 10 top pharmaceuticals involved in the emergency department presentations for recreational drug abuse/misuse, as shown by Euro-DEN-Plus data. Reports have pointed out its constantly increased use among the adolescents in Europe, generally responsible for minor-to-moderate neurological symptoms on referral (restlessness, confusion, agitation). However, severe cases have been reported with CNS depression, encephalopathy, seizures, heart blocks and withdrawal syndromes. A dose-toxicity relationship exists. Management is supportive with fluids and oxygen but may require mechanical ventilation support. In severely pregabalin-poisoned patients with normal kidney function, EXTRIP workgroup experts suggested against performing extracorporeal treatment in addition to standard care, by contrast to patients with kidney impairment. In an effort to control the epidemic, rescheduling gabapentinoids was accompanied by negligible effects on the prescribing behaviors of the UK GPs whereas pregabalin de-prescribing interventions in Saudi Arabia resulted in a direct drop in pregabalin use with a proportional increase in gabapentin use, supporting all encountered difficulties by the health authorities to control the epidemic. In conclusion, the available literature's data support an ongoing pregabalin misuse/abuse epidemic in the western countries, reflecting or at least partly in relation to the less reported Mena-region's worrying situation.