Case report / *Olgu sunumu*

Oxybutynin addiction amongst prisoners: two case reports

,

Mehmet BALASAR,[1] Faruk ÇİÇEKÇİ[2]

ABSTRACT

This study was designed to present two inmates staying Konya E type prison and wanting to increase the prescriptiton and/or current dosages of oxybutynin. The study showed that oxybutynin is used to achieve similar feelings to the effects obtained by the use of substance and alcohol among inmates. ***(Anatolian Journal of Psychiatry 2016; 17(Suppl.3):77-79)***

Keywords: *oxybutynin, addiction, anticholinergic drugs*

Mahkumlar arasında oxibutinin bağımlılığı: İki olgu sunumu

ÖZ

Bu çalışma Konya E tipi cezaevinde kalan ve oxibutinin kullanan veya kullandığı oxibutininin dozunu artırmak isteyen iki mahkumu sunmak için planlandı. Çalışma, oksibütinin, mahkumlar arasında madde ve alkol kullanımı ile elde edilen duygulara benzer etkiler elde etmek için kullanıldığını gösterdi. ***(Anadolu Psikiyatri Derg 2016; 17(Ek.3):77-79)***

Anahtar sözcükler: *Oksibutinin, antikolinerjik ilaçlar*

INTRODUCTION

Anticholinergic abuse in the population with chronic mental illness using antipsychotics is a common problem,[1] and these drugs have been known to be misused since the 1960s; yet, the first articles on this issue were not published until the 1980s.Such research remains quite scarce and mainly takes the form of case reports.[2-5] Oxybutynin, which is a parasympathicolytic drug with a spasmolytic effect on the detrusor muscle of the bladder resulting from antagonism of the muscarine receptors, is an anticholinergic agent which is frequently used in urological practice.[6]

In the present study, two of the inmates of Konya E-Type Prison referring to our urology polyclinic wanting to have oxybutynin prescribed and current dosages increased were thought to abuse these drugs and are reported here as a case study. To our knowledge, this report represents the first study of oxybutynin addiction amongst prisoners.

CASE 1

The first case was 27 years old. He had used one packet of cigarettes daily for 10 years, drunk 3-4 standard alcoholic drinks daily for 5 years and used 2 mg of clonazepam irregularly for 3 years. The patient had been diagnosed with alcohol and substance abuse in the psychiatric outpatient clinic according to Diagnostic and Statistical Manual IV-Text Revision (DSM-IV-TR), and had been treated for to these disorders, but he had not complied with follow-ups or regular hospital visits.

He had been imprisoned for the last 2 years, and hence did not have access to alcohol or drugs.

[1] Urology Department, Necmettin Erbakan University Meram Medical Faculty, Konya, Turkey
[2] Anaesthesiology and Reanimation Clinic, Numune Hospital, Konya, Turkey
Correspondence address / ***Yazışma adresi:***
Dr. Mehmet BALASAR, Department of Urology, Necmettin Erbakan University Meram Medical Faculty, Konya, Turkey
E-mail: drbalasar@hotmail.com
Received: 22.01.2015, Accepted: 14.04.2015, doi: 10.5455/apd.172823

In order to suppress his urgent and intense drive to obtain these substances, he started oxybutynin, as advised by a felon. He initially took 1-2 tablets a day and felt relief from the impetus to use drugs and alcohol. However, in order to feel the same relief, he increased the amount of tablets to 20-30 a day (100-150 mg). If he did not take the tablets, he felt intense alysosis, disquiettude, fidgetiness, tension, insomnia and exudetion. From time to time, xerostomia, constipation and urinary arrest occurred, but these did not affect his daily activities.

CASE 2

The second case was a 45-year-old male prisoner who had been imprisoned for the last 5 years. He had smoked 1.5 packets of cigarettes daily for 30 years, consumed 2-3 standard alcoholic drinks daily for 28 years and used irregular doses of lorazepam, alprazolam and clonazepam for 10 years. This case had also been diagnosed with alcohol and substance abuse according to DSM-IV-TR in the psychiatric outpatient clinic, but refused to receive regular treatment.

He was diagnosed with overactive bladder by an urologist and prescribed oxybutynin 10 years previously. Despite his recovery, he continued with the oxybutynin intake. After being imprisoned, he steadily increased the amount of the pills he took in order to suppress the incentive for alcohol and drugs. He increased the amount to 60-80 tablets daily (300-400 mg). If he did not take them, he experienced alysosis, disquietude, and exudation. In order to procure that amount of tablets, he used other felons. From time to time, he experienced xerostomia.

The inmates who were using oxybutynin without indications (off-label, Case 1) and with indications (Case 2) were identified through polyclinic interviews. Afterwards, the researchers inquired about the period of oxybutynin use, the daily amount of oxybutynin taken, other drug use together with oxybutynin and the reasons for oxybutynin use. By consulting with psychiatry, the inmates were investigated in terms of drug addiction, drug abuse and oxybutynin abuse according to the DSM-IVTR.

DISCUSSION

Studies on the abuse of anticholinergic drugs have focussed mainly on patients with Parkinson's disease and psychiatric disease diagnosis. The first case study on oxybutynin addiction in the relevant literature was carried out by Gulsun et al.,[7] followed by other research.[8,9] In the present study, unlike the former ones, the participants were inmates who stated that the underlying reason for oxybutynin addiction was lack of alcohol and drugs.

In contrast with other studies, the inmates who abused oxybutynin in our study started using the drug by themselves (without any studies or medical indications) at the suggestion of other inmates who also suffered from opioid and alcohol withdrawal. When the reasons for their oxybutynin use were inquired into, the inmates stated that they were deprived of alcohol and drugs in prison and used oxybutynin in order to decrease the withdrawal symptoms which developed.

Oxybutynin is frequently used amongst inmates, because it can be prescribed easily, whereas other addictive drugs are under strict control in prisons. Results of excessive doses or side effects of this drug include somnolence and dizzyness, as concurrent opioid use increases the use of oxybutynin among inmates. Inmates who cannot get prison doctors to prescribe oxybutynin by stating deceptive symptoms to the doctor who knows about their illnesses and medicine use have themselves sent to other hospitals to try to convince doctors who have little information about their medical conditions to prescribe oxybutynin. In this study, both inmates saved the daily oxybutynin doses they were given at their polyclinic visits and took the drug in total dose to feel 'calmer'.

In our cases, we defined substance dependence according to the DSM-IV-TR without psychotic disorder not otherwise specified. Both routine physical examinations were within normal limits except for oxybutynin's minor anticholinergic effects, such as dry mouth, constipation, nausea, blurred vision and urinary retention. Indeed, the effects are reflected in different people as hallucination, sedation, different dreams and relaxation.[10] These factors are probably the cause of addiction.

In conclusion, oxybutynin can be taken without a strictly controlled prescription, making it easy to acquire. Therefore, prescribing this drug, it is necessary for doctors who deal with this patient group to be careful about the use of oxybutynin in the organisation and to observe the stages of the treatment.

For this reason, we believe that the abuse of oxybutynin can be prevented by paying more

attention to the medical history of such inmates in order to prevent the easy prescription of drugs that can be abused, including oxybutynin, and by collecting more information about inmates who ask for oxybutynin by contacting the prison doctor when needed.

REFERENCES

1. *Buhrich N, Weller A, Kevans P. Misuse of anticholinergic drugsby people with serious mental illness. Psychiatr Serv 2000; 51:928-929.*
2. *Bolin RR. Psychiatric manifestations of artane toxicity. J Nerv Ment Dis 1960; 131:256-259.*
3. *Smith JM. Abuse of antiparkinsonian drugs: a review of the literature. J Clin Psychiatry 1980; 41:351-354.*
4. *Pullen GP, Best NR, Maguire J. Anticholinergic drug abuse: a common problem? BMJ 1984; 289:612-613.*
5. *Saran AS. Use or abuse of antiparkinsonian drugs by psychatric patient. J Clin Psychiatry 1986; 47:130-132.*
6. *Cheung JS, Solomon BA. Disorders of sweat glands: hyperhidrosis: unapproved treatments. Clin Dermatol 2002; 20:638-642.*
7. *Gulsun M, Pınar M, Sabancı U. Psychotic disorder induced by oxybutynin: Presentation of two cases. Clin Drug Investig 2006; 26:603-606.*
8. *Kumsar NA, Okay İT, Dilbaz N. Abuse or addiction of oxybutynin: two case reports. Bulletin of Clinical Psychopharmacology 2009; 19:123-124.*
9. *Gülöksüz S, Eren K, Gürol DT. A case of oxybutynin dependency. Gen Hosp Psychiatry 2010; 32(4):5-6.*
10. *Sadock BJ, Sadock VA, (Eds). Kaplan and Sadock's Comprehensive Textbook of Psychiatry. Seventh ed., vol. 2., Philadelphia: Lippincott Williams and Wilkins, 2007, p.1004-1007.*