

# GHB dependence: a new detoxification protocol

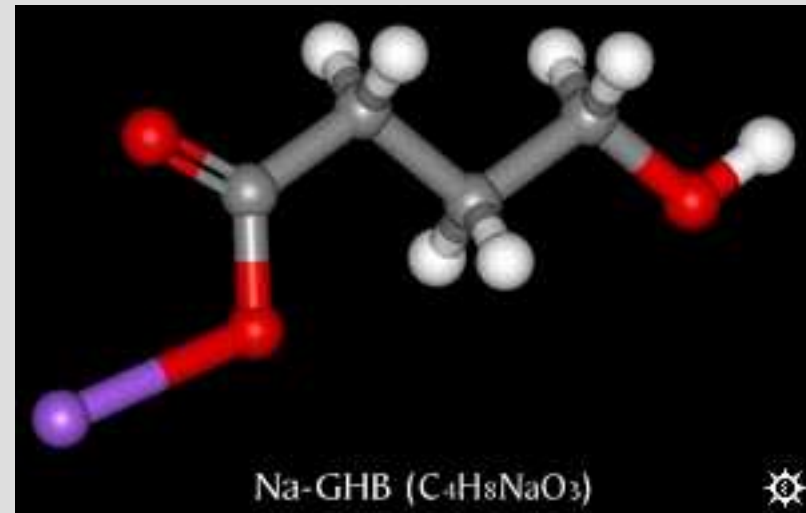


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# GHB, the basics



- Gammahydroxybutyrate
- Discovered by dr. Laborit in France
- Put and taken to multiple uses



# Intoxication



- **Low doses**
  - nystagmus, ataxia, dizziness, amnesia
- **Medium doses**
  - drowsiness, euphoria, disinhibition
- **High doses:**
  - Coma, bradycardias, convulsions, apnoeic spells

# Dependence



- A dose every 1,5-2 hours.
- 20-45 grams a day
- Arises in weeks to months after daily use
- Early symptoms are anxiety, twitching and insomnia that necessitate taking a new dose.

# Withdrawal



- Starts within a few hours after the last dose
- Combination of alcohol and benzodiazepine withdrawal
- Depression, anxiety, insomnia, nausea and vomiting, craving, twitches, tremors, and episodes of tachycardia
- Can swiftly spread to uncontrollable agitation and delirium

## Detoxification or managed withdrawal



- Has been tried with GHB, benzodiazepines and Sodium Oxybate ( Xyrem)
- Necessitates either high doses of GHB or benzodiazepines.
- Is dangerous because of risk of delirium
- A number of published cases ending in IC units
- No solid effective method published yet

# The developed protocol



Has explicit descriptions of

- Benzodiazepine taper
  - Observation scales
  - Symptoms of intoxication and withdrawal
  - Necessary equipment and personnel
- Most important:
- Give the first dose immediately at admission
  - Do not spare the diazepam

## Findings from the past year



- 7 patients ( 5 women, 2 men) in our institute and at least one in another institution were successfully detoxified using this protocol
- 3 were detoxified a second time after relapse
- Not one patient developed a delirium or seizures
- The VAS for craving/ anxiety is considered very helpful by nursing staff



# Conclusions from the past year



Remarkable conclusions include:

- Too many observation scales were advised: More than four days OWS and SWS is superfluous
- Five out of six female patients got romantically involved with a co-patient
- Diazepam: Advice was to spread it over the day: in practice it was given four times per day.

# Changes in the protocol



- Improve the treatment algorithm: if only mild withdrawal symptoms, then concentrate diazepam dosage over the day.
- Use fewer observation scales: SWS and OWS only for the first four days
- We're considering sex-segregated detoxifications for GHB.

# Thank you for listening



- Any questions?