

Cyproheptadine Dependence : a case report

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ABSTRACT

Cyproheptadine is an antihistaminic and anticholinergic drug used as appetite stimulant and anti-allergic. We report a rare case of cyproheptadine abuse and dependence in two brothers. This case report highlights the need for educating health care providers about abuse potential of cyproheptadine.

Key words: *Cyproheptadine dependence, cyproheptadine, abuse, dependence.*

INTRODUCTION

Cyproheptadine, a piperidine derivative, is an antihistaminic with weak anticholinergic and calcium-channel blocking actions. It is used for the symptomatic relief of allergic conditions including urticaria and angioedema, rhinitis and conjunctivitis, and in pruritic skin disorders, to stimulate appetite [1]; nightmares related to PTSD [2], cyclical vomiting syndrome [3], drug induced hyperhidrosis [4] and SSRI induced sexual dysfunction and migraine [5]. Its overdose has occasionally been reported to cause anticholinergic delirium in children [6]. Side effects of cyproheptadine include drowsiness, dizziness, nausea, blurred vision, dry mouth, constipation. It has been also known to cause hallucination and agitation [7]. We report a rare case of cyproheptadine abuse and dependence in two brothers.

CASE REPORT

Two brothers, aged twenty one and nineteen, educated up to 10th and 12th standard respectively, presented with chief complaints of disturbed sleep,

restlessness, decreased appetite since 4-5 days prior to presentation. The elder brother reported taking tablet cyproheptadine 4mg twice daily since last two years on advice of a physician to increase his weight and appetite. He started taking cyproheptadine 4 mg and prednisolone 2 mg, continued for 2-3 months, but stopped prednisolone after realising they are steroids and can cause side effects on prolonged use but continued with cyproheptadine. This resulted in an increase in his appetite and weight. He advised his younger brother to take the same medication. Both brothers took cyproheptadine 4 mg twice a day for 2 years.

6 days prior to presentation, the elder brother developed fever after which he was advised by his doctor to discontinue cyproheptadine. Both brothers stopped taking cyproheptadine after which they started having difficulty in falling asleep, restlessness, decreased appetite, easy fatigability and headache. Symptoms were more distressing for the elder brother. Both had never tried to quit the drug ; however they would get withdrawal symptoms like disturbed sleep and restlessness after skipping a dose. There was no history of any other psychiatric illness, substance use or major medical or surgical illness in past or in the family. Both were managed on outpatient basis as they were unwilling for inpatient stay. They were advised to abstain completely from the tablets they were taking. Patients were started on multivitamin tablets and Clonazepam 0.5 mg orally when needed. Both were psycho-educated and counselled about the condition. They reported for follow up after a week with complete abstinence, near normal improvement and no fresh complaints. They were lost to follow up thereafter.

DISCUSSION

Cyproheptadine was widely used as an appetite stimulant, including for anorexia nervosa and cachexia, but in the long-term appeared to have little value in producing weight gain and such use is no longer generally recommended. There has been concern that cyproheptadine was being promoted and used inappropriately as an appetite stimulant in some developing countries [8].

Dependence developed in a patient who took about 180 mg of cyproheptadine daily by mouth for five years [9]. There is one report of cyproheptadine and dexamethasone abuse in HIV positive patient after their consumption for two years [10]. Antimuscarinic toxicity manifested by hallucinations and agitation developed in a nine year old child taking cyproheptadine 4 mg twice daily for migraine prophylaxis [7].

In this case, both the patients did not know anything about the drug and were not taking it for abuse but for weight gain. To the best of our knowledge, there is only one other case of cyproheptadine dependence demonstrating withdrawal features [9] reported before. The abuse potential of cyproheptadine is negligible and hence the chance of abuse and dependence with this drug is low. Yet, this as well as previous case reports highlight the necessity of monitoring and regular follow up in patients on cyproheptadine. Since cyproheptadine is used in various other faculties such as medicine and paediatrics, consultants and health care providers in those faculties should be educated regarding this aspect of cyproheptadine.

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