

A Weekly FAX from the Center for Substance Abuse Research

University of Maryland, College Park

***Physicians Document GHB Withdrawal Syndrome and
Recommend Detoxification Procedures***

GHB is a depressant used to break down inhibitions and produce euphoria. GHB-related emergency department episodes in the U.S. have increased dramatically in recent years, from 56 in 1994 to 4,969 in 2000.¹ Because GHB use is evolving, many questions about the drugs' effects and treatment remain. Recently physicians from California and Texas documented a GHB withdrawal syndrome and provided recommendations based on their experience with patients affected by GHB use.

- GHB withdrawal syndrome typically appears in patients who have self-administered the drug in a consistent dosing schedule (i.e. every 2-3 hours) for several months.
- GHB withdrawal symptoms appear within 1-6 hours after the last dose and may include anxiety/restlessness, insomnia, tremor, confusion, delirium, hallucinations, rapid heartbeat, hypertension, nausea, and vomiting. Withdrawal symptoms may last for two weeks or more, and many patients report that symptoms persist for months after acute detoxification.
- The authors recommend an aggressive 7-14 day inpatient detoxification with close follow-up care. Depressants and anticonvulsant, antihypertensive, and antipsychotic medications may alleviate withdrawal symptoms.

The authors stress that these treatment guidelines must be implemented and supervised by medical professionals and not by dependent individuals themselves. In addition, the authors encourage other medical and treatment professionals to contact them to discuss their experiences with the effects and treatment of GHB use, particularly successful pharmacologic therapies and doses, tapering regimens, and behavioral therapies (see below for contact information).

¹Substance Abuse and Mental Health Services Administration, Office of Applied Studies, *Year-End 2000 ED DAWN Data*, 2001.

SOURCE: Adapted by CESAR from Miotto, K., Roth B. *GHB Withdrawal Syndrome*, Texas Commission on Alcohol and Drug Abuse, 2001. Available online at www.tcada.state.tx.us. For more information, contact Dr. Karen Miotto (kmiotto@mednet.ucla.edu) or Dr. Brett Roth (brett.roth@email.swmed.edu).

Research Analyst Position Available

CESAR is looking for a Research Analyst to help evaluate systems change involving child and family services, substance abuse, and delinquency prevention. Experience in SPSS required; report preparation and interviewing skills preferred. Fax or email resume to P. Zangrillo at 301-403-8342 or pzangrillo@cesar.umd.edu.

• 301-403-8329 (voice) • 301-403-8342 (fax) • CESAR@cesar.umd.edu • www.cesar.umd.edu •

CESAR FAX is supported by a grant from the Governor's Office of Crime Control & Prevention.

CESAR FAX may be copied without permission. Please cite CESAR as the source.