
Letter to Editor

Oxybutynin dependence: A case presentation

Dear Editor,

The increasing potential of anticholinergic drug abuse and dependence has recently become a point of interest (Pullen et al. 1984; Gülöksüz et al. 2010). The first misuse was reported in 1960 and was then followed by other similar cases (Bolin 1960; Buhrich et al. 2000). At present, the abuse of anticholinergic drugs is an important health problem (Gjerden et al. 2008). Anticholinergic drugs are abused for their euphoric effects, including excessive talking, increased self-confidence, and sociability (Sadock and Sadock 2007). Biperiden, orphenadrin, and benztropine are anticholinergic drugs that are used to decrease the side effects of antipsychotic drugs and to treat Parkinson's disease (Gjerden et al. 2008; Ogino et al. 2010). In addition to these drugs, oxybutynin is another anticholinergic agent commonly used in urology practice, particularly for the treatment of urinary incontinence and nocturnal enuresis (Yüksek et al. 2003; Corcos et al. 2006).

A 28-year-old male patient presented to our clinic, reporting that he was dependent on the oxybutynin he was using and wanted to become dependence free. The patient used the drug for the first time during his military service after a friend told him it could be used to get high. He also reported that he was seeking treatment due to pressure from his family.

Initially, he took 5 mg d, but progressively increased the dose over the course of 3 years to 250-500 mg d (50-100 pills). He reported that use of the drug made him more talkative and the experience was like a hallucinogenic trip.

When not using the drug he becomes anxious, sweats, and has depressed. At such times he has the desire to use the drug, which he buys from any pharmacist, as it does not require a prescription. Apart from this drug, he reported not using any other illegal substances. He started smoking when he was

15 years old and stopped 8 months before presentation. He reported that after he stopped smoking his oxybutynin use increased and was therefore considering smoking again. His family history of substance abuse and dependence was negative. The patient's history of important diseases was negative; however, he reported using painkillers such as paracetamol with increasing frequency. His psychological examination was unremarkable. Biochemical, hemogram, thyroid function, and contagious disease screening test results were normal.

Oxybutynin is frequently used in the treatment of bladder diseases due to its anticholinergic effects. Yet, such side effects as urinary retention, dry mouth, and constipation occurred very rarely in the presented patient, and did not interfere with his daily activities.

The patient was considered to be oxybutynin dependent and his treatment was planned according to withdrawal symptoms. To the best of our knowledge only 1 other case of oxybutynin abuse/dependence has been reported (Gülöksüz et al. 2010).

Studies on anticholinergic dependence usually focus on Parkinson's cases and patients with psychiatric diagnoses, as such patients are commonly prescribed anticholinergic drugs; however, the abuse of these drugs emerges as another problem. In Turkey biperiden requires a special prescription, whereas other anticholinergics can be obtained from pharmacists without a prescription; however, according to Turkish law no. 1262, all drugs should be sold via prescription and drugs including psychotropic substances associated with a likelihood of causing dependence and/or abuse should be sold only with a special prescription (Turkish Ministry of Health, 1986).

The presented case indicates that new regulations are required for licensing, prescribing, and selling anticholinergic drugs, due to their potential for abuse and/or dependence. The presented case began using oxybutynin following the advice of a friend that used it, which points that other anticholinergic agents may also be abused in addition to conventional anticholinergics. Physicians treating dependent patients should

evaluate this issue and study measures that can be taken, and other physicians should be warned and educated for the patients using anticholinergics. (such as the occurrence of relevant disease at young individuals at an unexpected age may have the risk of dependency). In addition, relevant

professional organizations in collaboration with the Turkish Ministry of Health should attempt to pass legislation regulating the licensing, prescribing, and sale of drugs.

Respectfully yours,

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