Brit. J. Psychiat. (1979), **134**, 627–29

Chlormethiazole Abuse

By ELIZABETH GREGG and IFTIKHAR AKHTER

SUMMARY This report describes 17 cases of chlormethiazole abuse or dependence. These include one case with symptoms and signs of withdrawal and two other similar cases where undoubted dependence was combined with excessive alcohol intake. Seven other patients with alcoholism who indulged in drug-seeking behaviour involving chlormethiazole are also reported, together with a further seven abusers of various other drugs who were also discovered to be taking chlormethiazole.

Chlormethiazole (Heminevrin) is an effective tranquillizer, and has mild anticonvulsant properties. Its use has been advocated to suppress symptoms of alcohol withdrawal and it is now widely used for this purpose (Glatt, 1966; McGrath, 1975). Although the possibility of dependence has been anticipated for at least ten years (McGrath, 1975; Lundquist, 1966), a search of the literature to date has revealed only a few anecdotal accounts and warning letters (Asander, 1962; Olsen, 1968; Sattes, 1969; Foster, 1976; McLean, 1975; Wilson, 1976). There are, however, two published reports of patients who have shown both physical withdrawal symptoms and an organic psychosis on withdrawal of large doses (5–15 g) daily (Kryspin-Exner and Mader, 1971; Reilly, 1976).

Although it might be thought that chlormethiazole abuse is rare, in the past one year 17 cases (12 males, 5 females) have been seen by us, one on a psychiatric ward in a general hospital and the remainder in an addiction unit. Three patients who presented primarily as cases of chlormethiazole dependence are separately described. Details of the remaining 14 are summarized in Tables I and II.

Case Reports

1. R.S., a male aged 36, was known to have had at least a 10-year history of alcoholism. Over the last 5 years he took up to 20 tablets (10 g) of chlormethiazole daily, obtaining prescriptions from his own general practitioner and also from others by registering as a temporary patient, sometimes under a false name. His dependence on chlormethiazole did not significantly reduce his alcohol intake so that he continued to need regular admissions for withdrawal from both. It proved impossible to stabilize him sufficiently to warrant a maintenance prescription.

2. F.H., a male aged 41, was known to have had a psychiatric history of phobic anxiety extending over at least 15 years, this being associated both with alcoholism and pathological jealousy. Following alcohol withdrawal he remained abstinent but he increased his intake of chlormethiazole to 18–20 tablets (9–10 g) daily which he obtained from his general practitioner. On admission for drug withdrawal he showed extreme motor restlessness, insomnia, sweating and agitation in spite of large doses of chlorpromazine. Once these symptoms settled he reverted to abusing alcohol. As this caused more difficulties for his family than his chlormethiazole dependence he was given a maintenance prescription of 12 tablets (6 g) daily, this later being reduced to 8 (4 g).

3. G.M., a male aged 58, years was a depression-prone individual who had had an intermittent problem with alcohol since the age of 18. He also had a past history of diazepam and methaqualone abuse and had had several hospital admissions for withdrawal both from alcohol and drugs. By 1975 he was taking 10 tablets (5 g) of chlormethiazole daily, although before his last admission to hospital in 1977 and had been using up to 20 tablets (10 g) daily, which he obtained both on prescription from his general practitioner and from other sources. According to both the patient and his wife, his alcohol intake at that time was no more than 4 pints of beer daily. Nevertheless on withdrawal he went through a confusional state with marked tremor and visual and auditory hallucinations. Currently he is stabilized on a maintenance prescription of 6 tablets of chlormethiazole (3 g) daily.

Details of 7 other alcoholic patients (Cases 4–10) who demanded chlormethiazole or endeavoured by other means to obtain extra supplies are given in Table I.

TABLE I

Alcoholics showing psychological dependence on chlormethiazole

Case	Sex	Age	History of drug abuse	Continued heavy drinking	Drug seeking behaviour
4	M	34	+	+	Manipulating extra supplies.
5	M	33	—	+	Obtained prescription from outside GP while on the ward. Demanded with threats.
6	M	34	—	Intermittent	Manipulated for extra supplies.
7	M	36	—	+	Extra supplies from GP.
8	M	44	+	—	Obtained outside prescription while an in-patient.
9	F	45	—	—	Manipulating for extra supplies. Known to be selling at one time.
10	F	40	+	+	Brought her own supplies to the ward when not supplied chlormethiazole.

TABLE II

Chlormethiazole abuse in known drug abusers

Case	Sex	Age	Excess Alcohol intake	Other drugs	Chlormethiazole (illicitly obtained)
11	F	38	+	Multiple	Occasional
12	M	36	+	Multiple	Occasional
13	F	20	+	Multiple	Occasional
14	F	21	—	Amphetamines	Occasional
15	M	26	—	Narcotics	Consistent
16	M	24	—	Phenazocine	Consistent
17	M	24	—	Drinamyl	Consistent

In an additional seven cases chlormethiazole was detected by urine screening alone. The policy of the addiction unit is to collect urine samples from in-patient drug abusers each morning; these are sent for analysis at intervals depending on the patient and the suspicions of the staff. Out-patients are also asked for a sample on each visit. However because of the sampling procedure it is quite likely that these cases represent only a proportion of the total number of chlormethiazole abusers. Three of the patients (Cases 11–13) had a combined drug and alcohol problem while the other four (Cases 14–17) were thought to have no history of alcoholism but had abused a variety of other drugs (see Table II).

Discussion

As it now appears that chlormethiazole has a definite potential for abuse its widespread use in the treatment of alcoholics—by definition a group of addiction-prone individuals—should perhaps be questioned.

Although the manufacturers, in their data

https://doi.org/10.1192/bjp.134.6.627 Published online by Cambridge University Press

sheet, recommend a short period on a rapidly reducing dose for alcohol withdrawal symptoms, it is probably widely used for longer periods and even as maintenance treatment for alcoholics. The dangers of this practice are emphasized by a recent report of fatal chlormethiazole poisoning in chronic alcoholics (Horder, 1978). While the efficacy of chlormethiazole in treating the acute withdrawal syndrome is undoubted, its use should probably be reserved for alcoholics only on their first admission to hospital and it should be prescribed for short periods of time. Certainly, in those who are in repeated need of 'drying out' or have a history of drug abuse, the risk of dependence appears to be so much higher that it is questionable whether the benefits of the drug outweigh its risks.

Acknowledgements

We wish to thank Professor W. H. Trethowan and Professor A. C. P. Sims for their helpful criticisms.

References

ASANDER, H. (1962) Ambulatory treatment of alcoholics with Heminevrin. *Svenska Lakertidningen*, **59**, 418–24.

FOSTER, A. R. (1976) *British Medical Journal*, *ii*, 476.

GLATT, M. M. (1966) Chlormethiazole ('Heminevrin'). *Prescriber's Journal*, **5**, 90–1.

HORDER, J. M. (1978) Fatal chlormethiazole poisoning in chronic alcoholics. *British Medical Journal*, *i*, 693–4.

KRYSPIN-EXNER, VON K. & MADER, R. (1971) Withdrawal delirium in chlormethiazole addiction. *Wiener Medizinische Wochenschrift*, **121**, 811–12.

LUNDQUIST, G. (1966) The risk of dependence on chlormethiazole. *Acta Psychiatrica Scandinavica*, Supplement **42**, 203–7.

MCGRATH, S. D. (1975) A controlled trial of chlormethiazole and chlordiazepoxide in the treatment of the acute withdrawal phase of alcoholism. *British Journal of Addiction*, Conference on Alcoholism, **70**, 81–90.

MCLEAN, D. D. (1975) *Medical Journal of Australia*, *ii*, 725.

OLSEN, O. (1968) Heminevrin in the treatment of alcoholism. Experience from the alcohol clinic in Kristiansand. *Tidsskrift den Norske Laegeforening*, **88**, 273–4.

REILLY, T. M. (1976) Physiological dependence on, and symptoms of withdrawal from, chlormethiazole. *British Journal of Psychiatry*, **128**, 375–8.

SATTES, H. (1969) The danger of addiction to Distraneurin. *Medizinische Klinik*, **64**, 430–3.

WILSON, D. T. (1976) *Medical Journal of Australia*, *i*, 548.

Elizabeth Gregg, M.B., Ch.B., M.R.C.Psych., *Registrar, Birmingham Rotational Scheme in Psychiatry, Uffculme Clinic, Queensbridge Road, Birmingham 13,*

Iftikhar Akhter, M.B., B.S., M.R.C.Psych., *Consultant Psychiatrist, Regional Addiction Unit, All Saints Hospital, Birmingham 18*

(*Received 15 December 1978*)