



Pregabalin in the therapy of Generalized Anxiety Disorder

Mina Miroslav Cvjetkovic Bosnjak¹,
Branislava Sava Soladatovic Stajic¹,
Sinisa Svetozar Babovic²

Bulletin of Clinical Psychopharmacology 2014;24(1):109-10

Dear Editor,

Generalized Anxiety Disorder (GAD) is among the most common psychiatric disorders¹⁻³. World Psychiatric Biological Treatment of GAD, WFBS (2009) recommend SSRI (Serotonin Selective Reuptake Inhibitors), Selective Serotonin and Norepinephrine Reuptake inhibitors (SNRI) and pregabalin as first line treatment. Unfortunately, any psychopharmaceutical treatment option can demonstrate side effects. What are the treatment possibilities? Must adverse events always be the reason for discontinuation of a highly efficacious therapy? This is the case of female 39 year old patient. The patient was admitted to our psychiatric clinic and was hospitalized from March 1 to April 4 2013. Before hospitalization, she had been treated by a psychiatrist due to diagnosis of Generalized Anxiety Disorder, for three years. Her main symptoms were nervousness, irrational fears, problems with concentration and dysfunctionality. In addition, her appetite and sleep were disturbed. Before hospitalization, the patient had been treated with sertraline, escitalopram and paroxetine, all at adequate therapeutic doses. Remission was incomplete, with a few residual symptoms (tension, lack of concentration). Four months before hospitalization, the patient complained of intolerable tension, she quivered with an indefinite fear that something bad would happen to her family. In this period, she could not sleep and lost 7 kg within a month. Two days before admission, she attempted suicide by hanging. During hospital admission, patient was tense, complained of nervousness and agitation. She stated that nothing made her happy. She had lachrymose, shivered and

lacked appetite. In addition, the patient could not sleep at night, felt unlucky and had suicidal ideation. As therapy with SSRIs had not achieved complete remission, 75 mg of pregabalin was introduced into the treatment, along with sertraline, for three days; the dose was titrated up to 225 mg/day. Sertraline was gradually discontinued. After a week, the symptoms lessened. The patient did not complain of tension, she started to sleep well, her appetite improved and there was no fear or suicidal ideation. During the second week, the patient complained of more prominent pretibial edema which did not improve when the limb was elevated. Extensive diagnostics were performed and all the results were within normal ranges (blood glucose, liver enzymes, kidney function markers, abdominal and pelvic minor ultrasound, gynecological exam, Doppler exam of blood vessels in the legs). Gradually, the pregabalin dose was decreased to 75 mg, and sertraline was reintroduced into the treatment (100mg/day). After this correction in pharmacotherapy, the swelling disappeared. The remission of the patient was sustained, so the patient was discharged as recovered.

Pregabalin showed a satisfying therapeutic effect. Luckily, the peripheral edema adverse effect disappeared, when the dosage was reduced so that it still could be included in the pharmacotherapy. In this case, compliance was good and the result was a full remission, as the patient and the doctor both decided to continue with this successful pharmacotherapy.

¹Prof. Dr., Psychiatric Clinic KVC, University of Novi Sad, Serbia

²Prof. Dr., Department of Anatomy, University of Novi Sad, Serbia

Correspondence Address: Dr. Mina Miroslav Cvjetkovic Bosnjak, Psychiatric Clinic, 21000 Novi Sad, KCV, Serbia

E-mail: minacvjet@gmail.com

This letter was accepted for publication in January 11, 2014.

References:

1. Strawn JR, Geraciotti TD Jr. The treatment of generalized anxiety disorder with pregabalin, an atypical anxiolytic. *Neuropsychiatr Dis Treat* 2007;3(2):237-43. [\[CrossRef\]](#)
2. Stahl SM. Anticonvulsants as anxiolytics, part 2: Pregabalin and gabapentin as alpha(2)delta ligands at voltage-gated calcium channels. *J Clin Psychiatry* 2004;65(4):460-1. [\[CrossRef\]](#)
3. Soldatovic-Stajic B, Cvjetkovic-Bosnjak M, Babovic SS, Latas M. Generalised Anxious Disorder and Impact of Stigma on Recognising and treatment. *Medicina danas*, XII,(2013),1-3,43-7, Novi Sad, Serbia.