PSYCHIATRIC COMPLICATIONS OF ERIMIN ABUSE

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SYNOPSIS:

Nimetazepam (Erimin) is a benzodiazepine which has become a new drug of abuse in Singapore. Three cases presenting with psychiatric complications had been treated as inpatients over a period of one and a half years (1986 to 1987) in Woodbridge Hospital and Tan Tock Seng Hospital. Their clinical presentations which included drug dependency, withdrawal psychosis and transient drug psychosis are described and discussed.

Key words: Nimetazepam; Erimin; psychiatric complications

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INTRODUCTION

Nimetazepam (trade name Erimin) is becoming a widely prescribed benzodiazepine in Singapore. Indication for its usage is for the relief of insomnia, but as with other benzodiazepines, its pharmacologic profile includes sedative, anxiolytic, muscle relaxant, amnesic and anticonvulsant properties. It claims to have earlier efficacy in onset. As with all other benzodiazepine compounds, it has potential for dependence even in therapeutic dosages (1).

Just a few years ago, another of the benzodiazepines, flunitrazepam, popularly known as Rohypnol or Roche 2, became a drug of abuse in Singapore. Some cases with psychiatric complications had been reported (2).

The clinical presentations of three patients following Erimin abuse are described. Although they are anecdotal, it is hoped that they will alert doctors to the potential of Erimin for psychiatric complications.

CASE REPORTS

1. DEPENDENCY

A 20 year old Malay bachelor, doing National Service in the special constabulary, was taking Erimin tablets of up to 20 mg (4 tablets) a day for 2 years. He began with a history of agoraphobia and presented with free-floating anxiety as well as panic attacks. He started to take Erimin for relief of his symptoms, gradually noticed an increase in his tolerance to Erimin and had to increase his intake. His attempts to decrease or stop taking the drug resulted in withdrawal symptoms in the form of increased anxiety. He was admitted and treated for his agoraphobia with behavioural therapy. Imipramine and propranolol were used instead of benzodiazepines and he was successfully weaned off his dependence on Erimin.

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2. WITHDRAWAL PSYCHOSIS

A 34 year old unemployed Chinese bachelor was admitted to Woodbridge Hospital with a one day history of insomnia, agitation, poor concentration and visual hallucinations. He saw "Lilliputian" figures of 10 to 20 Chinese men on the floor, talking and running about. When he shouted at them, they disappeared but reappeared five to six times. A known heroin addict with three past admissions to the drug rehabilitation centre, he was just released a month earlier. He then started abusing Erimin, taking two or three tablets daily, which he obtained from various clinics, However one week before admission he was arrested for suspected drug abuse but was released from Drug Rehabilitation Centre just two days before admission to Woodbridge Hospital. Blood and urine samples taken for toxicology did not reveal any toxic substances. He was treated with chlorpromazine 50 mg for 2 nights and his symptoms improved, leading to his discharge.

3. TRANSIENT DRUG PSYCHOSIS

A 27 year old male Chinese, a "bookie runner", was admitted for aggressive behaviour which occurred three hours after he had consumed ten tablets of Erimin (50 mg). When his neighbour refused to let him use the telephone, he smashed the windows and flower pots. On examination he was disorientated in time and had auditory hallucinations. He was also noted to have multiple tattoos on his body. He gave a history of glue sniffing. One year prior to this admission, he had an episode of abnormal behaviour after taking one tablet of Erimin together with alcohol, in which he ran about half-naked from a nightclub without being aware of it, but was not admitted to hospital. Urine toxicology for this admission showed that there was 2 ug/dl of morphine per ml urine. Blood taken did not show any presence of toluene. His symptoms cleared up one day after admission without any medication.

DISCUSSION

The three cases described are interesting as they reflect the variety of clinical features of Erimin abuse. A literature search revealed no reports or studies on Erimin use or abuse. There are however clinical studies on its pharmacology (3).

Erimin has suppressive action on the central nervous system; like other benzodiazepines it inhibits the limbic system. In tests with mice, it was observed that Erimin might be more actively distributed in the brain than nitrazepam. Also its metabolism rate in man is slower than in animals (4).

Benzodiazepine dependence was recognised early but was thought to occur only with doses above therapeutic range. It has been demonstrated however that benzodiazepines in therapeutic dosage can produce significant withdrawal symptoms when stopped (5). Erimin taken excessively over an extended period can cause habituation and dependence.

Early symptoms of withdrawal include anxiety and rebound insomnia which may be mistaken as a return of the original symptoms. This happened in the first case where the dependence which had developed insiduously had features of both an increase in tolerance as well as withdrawal symptoms. He did not have the typical pattern of dependence on narcotics which include drug-seeking behaviour, rapid tolerance and escalation of dosage. Other possible withdrawal symptoms in benzodiazepine dependence eg. perceptual disturbances, unusual somatic symptoms, muscle stiffness, twitching, paraesthesiae, dysphonia, psychotic disturbance and epileptic fits may mimic a wide variety of disorders (1).

The second and third cases had a history of multiple substance abuse. The psychotic disturbance, in the former as a feature of abstinence and in the latter while on the drug, had signs of organicity, viz visual hallucinations and disorientation. The Lilliputian type of visual hallucinations have been described in delirious states, eg. Delirium Tremens. In the third patient, although there was morphine in his urine sample, an earlier episode of abnormal behaviour after taking Erimin indicated that his transient psychotic episode was more likely to be related to Erimin rather than to morphine.

Non-drug strategies have been recommended as alternatives to drugs for the treatment of anxiety and insomnia. These include anxiety management techniques such as using relaxation tapes, cognitive-behavioural therapy and sleep hygiene (6). In preventing dependence, the prescription of benzodiazepines should be as low a dose as possible and for limited short periods only. The patient should be warned of possible withdrawal symptoms to expect and a tapering-off regime is recommended to minimise rebound (7).

Awareness of possible abuse of Erimin and psychiatric complications arising as a result of such abuse should lead to more careful prescribing by the clinician.

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