

## Letters to the Editor

*The journal publishes both invited and unsolicited letters.*

### TREATMENT OF GHB WITHDRAWAL SYNDROME: CATCH 22 OR CHALLENGE FOR ADDICTION MEDICINE?

The literature provides little information on the process of detoxification from gamma-hydroxybutyric acid (GHB). We have studied this topic and developed three guidelines that we thought might be of interest to your readers. These guidelines can be found at <http://www.nispa.nl>. We also wish to issue a call for action and sharing experiences in case of problems caused by the use of 'less well known' psychoactive substances.

GHB is an endogenous neurotransmitter and a popular drug of abuse. The lifetime prevalence in 2009 in the Netherlands was 1.3% and in the last year 0.4% among the general population [1]. From 2007 to 2011 an increase from 80 to 659 patients seeking treatment for GHB dependence was reported. In cases of dependence serious symptoms of acute GHB withdrawal can develop. Complications can be life-threatening and require intensive supportive care in a medical setting. The rapid increase in the number of GHB users combined with complicated withdrawal point to the need for expert medical knowledge. However, knowledge is only available from case reports that suggest the use of high doses of benzodiazepines, short-acting barbiturates or propofol, and sometimes general anesthesia in an intensive care unit setting, with limited effect.

#### Catch-22

There are no studies or guidelines on safe and effective detoxification methods for GHB dependence. This results in a catch-22 situation: without well-tested effective interventions there can be no guidelines, but without guidelines there can be no consensus about interventions. This leaves addiction medicine empty-handed. This is not unique to GHB-related problems, as addiction medicine is frequently confronted with new or changing trends in use of drugs, and randomised clinical trials are difficult to set up.

We regarded this situation as a challenge to provide a quick and well performed action-oriented study producing well evaluated and widely supported practice-based recommendations.

Our institute evaluated the titration and tapering method [2] with pharmaceutical GHB in six Dutch addiction treatment facilities from 2010 to 2012, as a clinical cohort study, and organised consensus

meetings. We included 274 GHB-dependent patients; 90% detoxified without complications. The GHB-Monitor project resulted in three practice-based recommendations for detoxification: in an inpatient addiction treatment setting, in a general hospital and in an outpatient setting.

The project shows that innovative collaboration among addiction specialists (a less complicated option than a multi-centre study) transformed the initial catch-22 situation in a successful project. We also want to share our knowledge and expertise internationally. Based on a coincidental network with the Swiss Association of Addiction Medicine our Dutch recommendations will be translated into French, Italian and German. We regard these results as highly successful and want to encourage similar collaborations, allowing addiction medicine to mature. The European Federation of Addiction Societies could be an influential platform from which to promote such international collaboration.

#### Declaration of interests

None.

**Keywords** Addiction medicine, collaboration, detoxification, gamma-hydroxybutyric acid, GHB, guidelines, withdrawal.

CORNELIS A. J. DE JONG<sup>1</sup>, RAMA KAMAL<sup>1,2</sup>,  
MARTIJN Van NOORDEN<sup>3</sup> & BARBARA BROERS<sup>4</sup>  
*Nijmegen Institute for Scientist-Practitioners in Addiction (NISPA), the Netherlands,<sup>1</sup> Novadic-Kentron Addiction Care Network, the Netherlands,<sup>2</sup> Department of Psychiatry, Leiden University Medical Center, the Netherlands<sup>3</sup> and Dependencies Unit, Division for Primary Care, Geneva University Hospitals, Switzerland<sup>4</sup>.*  
E-mail: [nispa.dejong@gmail.com](mailto:nispa.dejong@gmail.com)

#### References

1. van Laar M., Cruts A. A., van Ooyen-Houben M. M., Meyr R. E., Croes E., Brunt T. *et al.* 2011. Netherlands National Drug Monitor: NDM Annual Report 2010. Trimbos Institute, Utrecht, the Netherlands.
2. de Jong C. A., Kamal R., Dijkstra B. A., de Haan H. A. Gamma-hydroxybutyrate detoxification by titration and tapering. *Eur Addict Res* 2012; **18**: 40–5.