Sulbutiamine abuse

Non-compliance with regular medications: case report

Abuse of sulbutiamine by a 42-year-old man with bipolar disorder led to non-compliance with his regular psychotropic medications.

The man received sulbutiamine [Arcalion] after complaining of a ‘lack of energy’ and ‘slowing down’. Approximately 4 months later, he was admitted due to a manic episode; he was discharged with lithium, carbamazepine, haloperidol, olanzapine, diazepam, temazepam and biperiden. At an outpatient visit about 2 months later, he had mild pressure of speech and flight of ideas, and expressed grandiose ideas that he did not act upon. Subsequent appointments revealed that the main reason for his attendance at outpatient appointments was to obtain prescriptions for sulbutiamine, which he was taking at a dosage of >2 g/day. It also emerged that he had requested similar prescriptions from other clinics. He became evasive and agitated when confronted about his behaviour. He claimed that he took sulbutiamine because it gave him a ‘high’ and a ‘warm feeling’.

Attempts to decrease the sulbutiamine dosage were unsuccessful because the man was able to acquire prescriptions from other doctors. He repeatedly missed appointments, and he was unwilling to undergo routine blood tests and non-compliant with his regular medication. About 1 year after his initial outpatient visit, he was referred urgently. He had grandiose ideas, restlessness, irritability, offensiveness, pressure of speech and inappropriate familiarity. He was not compliant with his psychotropic medications. He maintained that the only drug that made him feel good was sulbutiamine. His previous medication was restarted and normothymia occurred within 1 month. Eventually, he gradually decreased the sulbutiamine dosage. At last follow-up, he was receiving sulbutiamine 600mg [frequency of administration not stated]. Although he felt less energetic, there was no alteration in his mental state.

Author comment: ‘The large dose of sulbutiamine may have contributed to the manic relapse.’