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So Much Soma

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Withdrawal from the medication carisoprodol (Soma) is not as well described in the literature compared to other substances, so physicians may be less familiar with the presentation. This case illustrates a rare presentation of carisoprodol withdrawal.

Introduction

A 56-year-old female with hypertension, chronic kidney disease, and fibromyalgia was brought to the emergency room by her roommate with an acute change in personality and paranoia. Two days prior, the roommate reported the patient was acting “giddy.” The following day she became withdrawn and paranoid. While patient was uncooperative with history, her friend denied any psychiatric or substance abuse history. Patient was hypertensive, otherwise her vitals were within normal range. Exam was significant for poor eye contact, inattentiveness, bizarre behavior, visual and auditory hallucinations, disorganized though process, and poor insight and judgement. Abnormal labs included a leukocytosis and an elevated creatinine. Her urine toxicology screen and blood alcohol level were negative. CT brain did not show evidence of acute intracranial abnormality.

Case description

Further history was obtained revealing the patient had been taking three 350mg tablets of carisoprodol at bedtime for ten years for relief of pain due to fibromyalgia. Three days prior to admission, she abruptly stopped taking the carisoprodol due to unavailability of the medication. The patient was placed on lorazepam as needed for agitation. She continued to be intermittently agitated and combative until two days after admission when her symptoms improved and patient returned to her baseline.

Discussion

Carisoprodol is a centrally acting skeletal muscle relaxant. It has been recognized to have a high potential for abuse leading to tolerance, dependence, and withdrawal symptoms with prolonged use. This led the Drug Enforcement Agency to classify carisoprodol as a Schedule IV controlled substance in 2012. Despite this, the diversion and abuse of carisoprodol has continued to be prevalent. The recommended maximum duration of use is up to two to three weeks. Abrupt cessation after prolonged use can lead to withdrawal symptoms. Typical withdrawal symptoms associated with carisoprodol dependency include abdominal cramps, nausea, headache, insomnia, irritability, and anxiety. Symptoms typically peak at anywhere from 36 to 48 hours, and major symptoms last for approximately 3 days. An uncommonly reported withdrawal symptom is carisoprodol withdrawal induced psychosis as seen in this patient. Studies have highlighted the role of meprobamate, a metabolite of carisoprodol, in the production of withdrawal symptoms. Meprobamate belongs to the class of sedative, hypnotic, or anxiolytic medications. Treatment is typically with brief courses of benzodiazepines, and antipsychotic agents have been used to manage psychotic symptoms.