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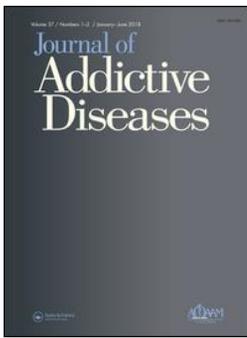
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To cite this article: Ibrahim M. Sablaban & Mohan Gautam (2020): The diagnosis of severe obsessions in the setting of kratom withdrawal and treatment with lorazepam: Case report, Journal of Addictive Diseases, DOI: [10.1080/10550887.2020.1813357](https://doi.org/10.1080/10550887.2020.1813357)

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# The diagnosis of severe obsessions in the setting of kratom withdrawal and treatment with lorazepam: Case report

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## ABSTRACT

Commercially available Kratom (*Mitragyna speciosa*) is a dietary supplement that has gained popularity in the United States for its psychoactive effects and potential medicative properties as an opioid receptor agonist. Likewise, sudden discontinuation may be accompanied by an opioid-like withdrawal. We present the first case in the literature of the withdrawal manifesting in disturbing obsessive thoughts after the substance was used as an opioid replacement treatment by our patient, as well as the first case where lorazepam is utilized for mitigation of these thoughts.

## KEYWORDS

Kratom; *Mitragyna speciosa*; kratom withdrawal; opioid withdrawal; obsessions

## Introduction

Commercially available Kratom (*Mitragyna speciosa*) is a dietary supplement that has gained popularity in the United States (US) for its psychoactive effects and potential medicative properties. More recently, it has become noted for its use as a self-driven treatment for opioid dependence and withdrawal, although no evidence supports such use.<sup>1</sup> Kratom is however known to cause a withdrawal syndrome that mirrors opiate withdrawal,<sup>2</sup> and while psychological sequelae have also been noted,<sup>3</sup> this is the first noted case where obsessions emerge as a feature of kratom withdrawal.

## Case

The patient was a 27-year-old male who came to the emergency department after attempting to wean himself off of kratom. The patient had started taking kratom to get off of oxycodone which he started after a back injury over the course of several months. Notably, he had no prior history of illicit drug use prior to his injury and experimentation with kratom. The dosage of oxycodone he would use was variable, but typically 10 milligrams (mgs) thrice daily. He had

switched to using kratom for three weeks before presenting, but reported mistakenly taking two to three times the amount recommended by the supplier, a popular online website; upwards of 15 grams three times a day. After two weeks of use the patient noticed that he had a heightened state of anxiety taking kratom, and ultimately realized he was taking too much. Over the course of two days he attempted to wean himself off.

Seventeen hours after his last dose he reported having a surge of anxiety and intrusive obsessive thoughts. These included thoughts about violently sexually assaulting female relatives and graphic homicidal ideation toward male friends. He had no history of violence and was extremely disturbed by the ideas. Lab values including a basic metabolic panel, complete blood cell count and thyroid stimulating hormone were unremarkable, as were a urinalysis and urine drug screen. He also appeared to be in mild withdrawal per our Clinical Opiate Withdrawal Score (COWS), which yielded 8, with evident rhinorrhea and lacrimation present. He was given 2 mg of intravenous lorazepam which within half an hour had completely resolved the obsessions. No subsequent dose was needed. Ultimately he went to a substance use rehabilitation facility.

## Discussion & Conclusion

Kratom has been widely used for both traditional medicine and religious practice in Southeast Asia for hundreds of years, but has been long appreciated to have addictive potential.<sup>4</sup> Although it contains multiple psychoactive compounds which agonize  $\mu$ -opioid and presumably  $\alpha_2$ -adrenergic receptors, its pharmacology is poorly understood.<sup>1,4</sup> Adding to the difficulty in studying commercially available kratom are variety in strains and increasingly, the disuniformity in composition. Evidence exists of compounds which may produce more euphoria when consumed (i.e. 7-hydroxymitragynine) being artificially increased in commercially available kratom.<sup>5</sup>

There is a paucity of literature on psychiatric symptoms associated with kratom withdrawal. A 2018 study of chronic users in Malaysia sought to assess depression and anxiety in withdrawal, both of which were noted to be mildly increased.<sup>3</sup> The study examined those who consumed the leaves brewed as a tea - doubtfully equivalent to those consuming kratom dietary supplements for opioid replacement or self-treatment. Ours is the first case of obsessions manifesting with kratom withdrawal in the literature. Such a presentation may have been influenced by markedly higher intake and fast taper off of the substance. It is notable that lorazepam resulted in a complete resolution of the obsessions.

Opioid replacement treatment was briefly considered early in his presentation, however as our patient's withdrawal symptoms per COWS remained consistent at a mild designation, concerns about treating him with buprenorphine arose as the partial  $\mu$ -opioid agonist might have provoked a more severe withdrawal. Additionally, although physically dependent in the recent weeks, the patient had not met criteria for Opioid Use Disorder per *The Diagnostic and Statistical Manual of Mental Disorders 5*, and thus methadone treatment was not indicated. His prior opioid use was prescribed, and posed little to no appreciable problem to him aside from concerns of remaining on the medication chronically. His brief attempt to wean himself off with

an erroneous dosing of kratom, while not medically sound and problematic, had not fulfilled use disorder criteria.

Given the climate of opioid use disorders in the US and limited numbers of physicians and providers who treat substance use disorders, kratom is emerging as a way to circumvent health-care providers. As use grows and the potential for higher dosing and withdrawal increases, it is important that clinicians be aware of the varied manifestations of kratom withdrawal.

## Acknowledgements

No statistical consultants or sources of funding including grants were utilized or obtained.

## Declaration of interest

Neither author declares any conflict of interest.

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