

Oxybutynin Misuse: Clinical Short Snapper

Purpose: To inform healthcare professionals in Saskatchewan about increases in oxybutynin misuse and the potential harms of oxybutynin misuse as well as to review appropriate prescribing practices of oxybutynin.

Background: During the past few years, oxybutynin has been gaining popularity as a treatment for hyperhidrosis (excessive sweating). Hyperhidrosis is a common adverse effect experienced by patients using methadone as opioid replacement therapy; research has suggested the rate may be as high as 45%.^{1,2} Due to this adverse effect, a seemingly increasing number of methadone patients have been requesting oxybutynin as a treatment to combat hyperhidrosis. However, there has been growing concern among members of the medical community that some patients are requesting prescriptions when no clinical indications are present because of its potential for misuse. This problem is compounded by reports that oxybutynin can now be sold on the street for as much as \$5 per tablet, making it an attractive source of revenue.

Misuse: Multiple case reports have been published regarding oxybutynin misuse or dependence,³⁻⁵ often originating from Turkey where it has been readily available without a prescription. Some patients reported taking as many as 80-100 tablets (400-500 mg) per day.^{6,7} It has also been noted as a medication at high risk for diversion and abuse in correctional facilities.^{8,9} Reasons provided in reports for using oxybutynin include to overcome depression and social anxiety or to reduce withdrawal symptoms of alcohol and other substances.^{5,6} Consequences of misuse of high doses of oxybutynin can be predicted due to the anticholinergic properties and may include impaired cognitive function, confusion, disorientation, delirium, hallucinations, insomnia and decreased appetite.⁵ In addition, at least one death is reported to have occurred as a result of a patient injecting crushed oxybutynin.¹⁰

Tips for Prescribers and Pharmacists

- ✓ PIP all patients requesting a prescription or presenting a prescription for oxybutynin to identify multiple and/or recent fills
- ✓ For patients taking methadone or Suboxone®, only fill prescriptions for oxybutynin that have been written by an Opioid Substitution Therapy prescriber
- ✓ Watch for patients requesting new prescriptions of the drug by name, rather than requesting help with symptom management
- ✓ Monitor for behaviours of substance misuse disorder (e.g. CAGE-AID tool)
- ✓ Counsel patients to store securely
- ✓ Keep oral daily doses ≤ 20 mg for OAB, ≤ 10mg for hyperhidrosis; be wary of early refill requests
- ✓ Consider topical gel or transdermal patch options for OAB (though neither are currently on the Saskatchewan nor Non-Insured Health Benefits formularies)
- ✓ Start with lower doses in elderly patients (if no suitable alternative available)
- ✓ Maximum daily doses are lower for pediatric patients with overactive or neurogenic bladder

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References:

1. Gahr M, Eller J, Cabanis M, et al. Drug safety and adverse drug reaction reporting behavior related to outpatient opioid replacement therapy: Results from a survey among physicians. *J Subst Abuse Treat.* 2017 Mar;74:7-15.
2. Yaffe GJ, Strelinger RW, Parwatar S. Physical symptom complaints of patients on methadone maintenance. *Proc Natl Conf Methadone Treat.* 1973;1:507-14.
3. Guloksuz S, Eren K, Gurol DT. A case of oxybutynin dependency. *Gen Hosp Psychiatry.* 2010;32(4): e5-e6.
4. Kinik M, Donder F, Duymaz M, et al. Addiction of oxybutynin: an adolescent case report. *J Addict Res Ther.* 2015; 6(2):228.
5. Oxybutynin abuse: Multisystem disorders: case report. *Reactions Weekly.* 2016;1601(1):189.
6. Oxybutynin abuse/overdose/withdrawal: Various toxicities: 2 case reports. *Reactions Weekly.* 2016;1619(1):144.
7. Oxybutynin abuse. *Reactions Weekly.* 2012;1399(1):24.
8. Keller J. Medications at high risk for diversion and abuse in correctional facilities [Internet]. *Jail Medicine.* 2017 [cited 16 Apr 2018]. Available from: <http://www.jailmedicine.com/medications-at-high-risk-for-diversion-and-abuse-in-correctional-facilities/>
9. Keller J. Is this inmate gaming me? [Internet]. *Jail Medicine.* 2012 [cited 16 Apr 2018]. Available from: <http://www.jailmedicine.com/is-this-inmate-gaming-me/>
10. Verbal communication with Dr. Morris Markentin, MD, CCFP, FCFP, April 2018.