

Metoclopramide-induced panic attacks

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Metoclopramide, a substituted benzamide derivative, is a neuroleptic dopamine receptor antagonist, used as an antiemetic, the extrapyramidal side effects of which are well known (Ganzini *et al*, 1993). Metoclopramide is reported to cause anxiety and acute akathisia, but, to our knowledge, the occurrence of panic attacks has not yet been reported (Rodgers, 1992), whereas many drugs are known to provoke panic attacks (Gorman *et al*, 1987).

We report the case of a 27 year old man who developed a metoclopramide-induced panic attack. Since childhood, he frequently felt tense with frequent insomnia and somatic complaints, mainly nausea. However he had never experienced a panic attack. For a period of twelve years he has smoked 20 cigarettes a day, and has drunk alcohol irregularly which worsens nausea. The day before the two panic attacks, he had consumed too much alcohol and felt sick the next day. The first time, he took 20 mg of metoclopramide orally. About 20 to 45 minutes later, just after smoking a cigarette, he suddenly developed, within 3 to 5 minutes, a panic attack characterized by overwhelming anxiety, palpitations, uncontrollable hyperventilation, tremor, flushing, sweating and uncontrollable restlessness ('I lost the control of my body, my body became frenetic'). He was hospitalized, and clinical and biological examina-

tions were normal. He was given a benzodiazepine. The panic attack lasted 6 hours. He was referred to a psychiatrist. Relaxation training and supportive psychotherapy lessened his feelings of tension.

One year later, he again took 10 mg of metoclopramide in response to feeling sick following the consumption of alcohol. About 30 to 45 minutes later, again just after smoking a cigarette, he experienced another panic attack accompanied by intense anxiety, feelings of intense weakness which forced him to remain lying down. A short while after the onstart of the panic attack, he breathed in a paper bag as prescribed. Nevertheless, the panic attack lasted for two hours. No other panic attack has recurred for 6 months without any medication. If alcohol consumption, smoking and anxious temperament might have been facilitating factors, metoclopramide seems to have triggered the panic attacks. The first panic attack may be related to acute akathisia. The second panic attack was accompanied by inhibition and feelings of exhaustion. This difference may be linked to the lower dose of metoclopramide or to the use of the paper-bag.

Ganzini L, Casey DE, Hoffman WF, Mc Call AL. The prevalence of metoclopramide-induced tardive dyskinesia and acute extrapyramidal movement disorders. *Arch Int Med* 1993;153:1469-75

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Rodgers C. Extrapyramidal side effects of antiemetics presenting as psychiatric illness. *Gen Hosp Psychiatry* 1992; 14:192-5