



A CASE OF ACQUIRED STUTTERING SECONDARY TO THE PRESCRIPTION OF GABAPENTINOID



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Introduction

Neurogenic & psychogenic factors can contribute to the onset of dysfluencies at any age.

Adverse drug reaction (ADR) associated with various drugs has often been linked to stuttering.

Aim

To address the diagnostic & management challenges in a case of acquired stuttering secondary to using a Gabapentinoid drug.

Need of the study

The predisposing, precipitating, and perpetuating factors remain meagerly explored, especially in non-developmental types of stuttering.

Method

Detailed Case history

A 55 years old male, came with a complaint of sudden stuttering onset since 3 days.

Test battery administered

Stuttering Severity Instrument-4 (SSI-4)

Frenchay Dysarthria Assessment-2 (FDA-2)

Mini-Mental State Examination (MMSE)

Western Aphasia Battery - Malayalam (WAB-M)

Management plan

Implemented in coordination with the professional team, & a follow-up evaluation was conducted after 7 days to assess the outcomes. Withdrawal of medication and if necessary TDCS and TMS.

Results & Discussion

Moderate stuttering (SSI-4 = 61-77 percentile).

No significant motor speech abnormalities (FDA-2).

No linguistic deficits (Aphasia Quotient = 94) Only marginally lower scores in the fluency subtask of WAB-M.

Orientation, concentration, attention, verbal memory, naming, and visuospatial skills were intact (MMSE = 30).

No abnormalities were noted in the MRI & cranial nerve examinations.

Pregabalin's initial dosage consisted of 75 mg and was later elevated to 150 mg three days before reporting stuttering instances.

Pregabalin - significantly linked to acquired stuttering (OR=9.4, 95% CI [8.1, 11.0]) as a common ADR apart from dysarthria, ataxia, vertigo, and visual deficits

SSI-4 Score after withdrawal of Pregabalin

There was a significant reduction in dysfluencies (SSI-4 = 5-11 percentile) on the 7th day post-withdrawal without any additional medical attention indicating an ADR of Pregabalin.

Conclusion

Case reports often are the first place where new issues and ideas are brought up. Though at the bottom of the evidence pyramid, such rare manifestations and the follow-up data give valuable insights into clinical management.