Gabapentin for intractable hiccup

Hernandez JL, Pajaron M, Garcia-Regata O, Jimenez V, Gonzalez-Macias J, Ramos-Estebanez C. Am J Med 2004; 117:279-281.

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Abstract: None

Comments:

Strengths/Uniqueness: This letter describes a 71 year old man with Guillain-Barre syndrome and metastatic gastric cancer with diaphragmatic involvement, and an 18-month history of hiccups. Hiccups did not improve with omeprazole, chlorpromazine and baclofen, but ceased after one day on gabapentin. This is the eighth published case of hiccups responding to gabapentin, and the fifth involving a cancer patient. The unique contribution of this report is the summary that the authors provide of the eight cases.

Weaknesses: This case report represents an uncontrolled experience with gabapentin for hiccups, and therefore level of evidence is considered to be a low.

Relevance to Palliative Care: Hiccups are an infrequent but potentially distressing symptom in advanced cancer patients. Their relative rarity makes appropriately designed trials challenging to conduct. Currently, the only therapeutic agent that has been suggested to be effective in a randomized controlled trial is baclofen. The hiccup reflex involves both peripheral and central components. Accordingly, proposed treatments include prokinetic and acid-suppressing agents to address peripheral factors, and baclofen to address central factors. For patients who are insufficiently responsive to these therapies, consideration could be given to a trial of gabapentin. Gabapentin purportedly acts by modulating respiratory muscle excitability through increased GABA levels, and by attenuating synaptic transmission through blockade of calcium channels. Although the evidence for gabapentin is weak, this agent is relatively well-tolerated in advanced cancer patients compared to other proposed treatments such as chlorpromazine.