

Rowan University

## Rowan Digital Works

---

Stratford Campus Research Day

27th Annual Research Day

---

May 4th, 12:00 AM

### Release the Kratom: Post-Acute Withdrawal Syndrome in a 70 Year Old Male

Nardin El-Shammaa  
*Rowan University*

Kyle Street  
*Rowan University*

Narshima Pinninti  
*Rowan University*

Follow this and additional works at: [https://rdw.rowan.edu/stratford\\_research\\_day](https://rdw.rowan.edu/stratford_research_day)



Part of the [Alternative and Complementary Medicine Commons](#), [Complex Mixtures Commons](#), [Emergency Medicine Commons](#), [Other Chemicals and Drugs Commons](#), [Pathological Conditions, Signs and Symptoms Commons](#), [Patient Safety Commons](#), and the [Substance Abuse and Addiction Commons](#)  
Let us know how access to this document benefits you - share your thoughts on our [feedback form](#).

---

El-Shammaa, Nardin; Street, Kyle; and Pinninti, Narshima, "Release the Kratom: Post-Acute Withdrawal Syndrome in a 70 Year Old Male" (2023). *Stratford Campus Research Day*. 110.  
[https://rdw.rowan.edu/stratford\\_research\\_day/2023/may4/110](https://rdw.rowan.edu/stratford_research_day/2023/may4/110)

This Poster is brought to you for free and open access by the Conferences, Events, and Symposia at Rowan Digital Works. It has been accepted for inclusion in Stratford Campus Research Day by an authorized administrator of Rowan Digital Works.



# Release the Kratom: Post-Acute Withdrawal Syndrome in a 70 Year Old Male

Nardin El-Shammaa<sup>a,b</sup> DO, Kyle Street <sup>a,b</sup> , Narshima Pinninti MD<sup>b</sup>

<sup>a</sup>Rowan School of Osteopathic Medicine, <sup>b</sup>Virtua Health-Our Lady of the Lourdes, NJ



## Background

Kratom or Mitragyna as it is commonly known, is a plant native to Southeast Asia used for centuries in Eastern medicine.. Kratom has been commonly used for chronic pain and opiate withdrawal symptoms with first reported cases in the United States in the early 2000s. It is a plant that consists of psychoactive alkaloids that target opioid receptors with different affinity. Effects from Kratom are dose-dependent, at lower doses, it acts as a stimulant, while at higher doses produces analgesia and euphoria. Although Kratom is legal and easily accessible over the counter, there have been increasing reports of potential for addiction and toxicity. Cessation of Kratom can result in withdrawal symptoms similar to opiate withdrawal. Here we discuss a case of a 71 year old male with inadvertent Kratom dependence, who had prolonged withdrawal weeks after cessation and required management of dysphoric mood and insomnia symptoms persisting after withdrawal.



## Case Presentation

A 70 year old male with history of alcohol use disorder, in early remission, sought help at a community psychiatric clinic for post-acute Kratom withdrawal syndrome. He presented with continued withdrawal symptoms despite last use of Kratom 6 weeks ago and alcohol cessation one month prior. On presentation, patient reported with typical withdrawal manifestations such as anxiety, insomnia, diaphoresis, and diarrhea. The self directed initiation of Kratom use was an attempt by the patient to reduce alcohol cravings.. He went to an inpatient detoxification center for one week, where he was started on a Lorazepam taper, reporting complete cessation of withdrawal symptoms due to Kratom. One week after discharge, withdrawal symptoms returned. He subsequently relapsed while self medicating with alcohol, in attempt to manage his withdrawal symptoms from Kratom. He presented to the emergency room and was started on a three-day outpatient Chlordiazepoxide taper, with successful stabilization of his Kratom withdrawal symptoms. However, shortly after the Chlordiazepoxide taper completion, the aforementioned withdrawal symptoms returned. One month after his emergency room visit, the patient presented to our facility for aid with his symptoms.

## Discussion

On presentation patient was considered for a Suboxone versus a Chlordiazepoxide taper. However, he reported improvement in somatic symptoms but stated persistence of insomnia and anxiety thus taper was not started opting rather for initiation of Zolpidem to address the insomnia. Despite reported improved sleep, Zolpidem was discontinued due to reported side effects of grogginess, passive suicidal ideation, hopelessness and dysphoric mood. Subsequently the decision was made to start him on Mirtazapine and Melatonin to address the insomnia, dysphoric mood and anxiety. After trial and error, patient's symptoms significantly improved on the regimen of Mirtazapine daily, Melatonin as needed, along with behavioral interventions including attending Alcohol Anonymous meetings, physical activity and mindfulness techniques.

## Conclusion

Kratom (Mitragyna) is an herb indigenous to Southeast Asia is currently used by people to manage pain, opioid withdrawal, fatigue and depression. Recently, Kratom has become more accessible and is touted as an alternative to opioids for pain relief and opioid withdrawal treatment. Kratom is not well known by physicians in the United States and is only labeled as a "Drug and Chemical of Concern." Across the internet, Kratom is highlighted as an analgesia and stimulant. Its' potential for toxicity, dependence and withdrawal in minimized. Reports of Kratom withdrawal syndrome are similar opioid withdrawal: myalgia, insomnia, rhinorrhea, diarrhea as well as agitation, anxiety, irritability, and depression. Kratom currently is not scheduled by the DEA despite having opioid and stimulant like effects that are dose dependent. Kratom has grown in popularity in the United States with an increasing number of patients presenting with concerns of dependence and withdrawal symptoms. Those very symptoms are similar to those of opioid withdrawal and require treatment during the acute phase with an emphasis on the persistent symptoms in the post-acute period including: insomnia, dysphoric mood, anxiety and irritability. With easy access at most supplement stores, physicians should be aware of the emerging threat of Kratom and its toxicity, addictive potential, and overall withdrawal syndrome.

### References:

- 1)Swogger, M. T., Smith, K. E., Garcia-Romeu, A., Grundmann, O., Veltri, C. A., Henningfield, J. E., & Busch, L. Y.(2022). Understanding Kratom Use: A Guide for Healthcare Providers. *Frontiers in pharmacology*, 13, 801855. <https://doi.org/10.3389/fphar.2022.801855>.
- 2)Garcia-Romeu, A., Cox, D. J., Smith, K. E., Dunn, K. E., & Griffiths, R. R. (2020). Kratom (Mitragyna speciosa):User demographics, use patterns, and implications for the opioid epidemic. *Drug and alcohol dependence*,208, 107849. <https://doi.org/10.1016/j.drugalcdep.2020.107849>.
- 3)Eastlack, S. C., Cornett, E. M., & Kaye, A. D. (2020). Kratom-Pharmacology, Clinical Implications, and Outlook:A Comprehensive Review. *Pain and therapy*, 9(1), 55–69. <https://doi.org/10.1007/s40122-020-00151x>.
- 4) Galbis-Reig D. (2016). A Case Report of Kratom Addiction and Withdrawal. *WMJ : official publication of theState Medical Society of Wisconsin*, 115(1), 49–53.