

## CORRESPONDENCE

# Baclofen with famotidine for intractable hiccups

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*To the Editor:*

Hiccups, which are caused by involuntary contractions of inspiratory muscles, can cause discomfort and when intractable, may, potentially, be a severe condition. Chronic hiccups have been treated with a variety of pharmacological agents including chlorpromazine, metaclopramide, nifedipine, haloperidol, lidocaine, baclofen and various gastric acid secretion suppressors [1–3]. This neurorespiratory disorder is rare, with the few case reports available providing some information regarding treatment [1–3]. Encouraging results were provided in 1995 by a chronic hiccup study, presented in the Journal by GUELAUD *et al.* [4], using baclofen in patients showing no gastro-oesophageal disease and using cisapride and omeprazole (with the eventual possible addition of baclofen) in patients with gastro-oesophageal abnormalities. Although the presence of hiccups and gastro-oesophageal reflux in the same patient may still be considered coincidental [5], case report evidence is becoming available to indicate that a causal relationship may exist [1, 4, 6].

Recently, a healthy male aged 36 yrs was diagnosed with intractable hiccups for 6 days. The patient had contractions at the rate of one every 3 s with no relief available from methods used to eliminate nonpathological hiccups. A sustained Valsalva manoeuvre worked on occasion, but relapse would occur with gastro-oesophageal reflux symptoms. The individual was given a single dose of chlorpromazine with no effect. Famotidine was initiated at 40 mg·day<sup>-1</sup> and concomitantly, baclofen was provided at an initial dose of 15 mg·day<sup>-1</sup> (5 mg every 8 h). As this regimen had no effect, baclofen was increased to 20 mg·day<sup>-1</sup> (5 mg every 6 h) providing excellent relief of hiccups. Baclofen treatment was maintained for 10 days without relapse. Baclofen dosage was then reduced by increasing the dosage interval (2 h·day<sup>-1</sup>). The interval was equivalent to one half-life (4 h) every 2 days and continued until only one 5 mg

dose was needed during a 24 h period, at which time baclofen was discontinued. Aggressive treatment with famotidine was continued throughout the baclofen treatment period and was continued for an additional week at 10 mg·day<sup>-1</sup>. Relapse has not occurred since.

This case report indicates that baclofen treatment was very effective when administered immediately with histamine H<sup>2</sup>-receptor antagonist suggesting that concomitant use can produce patient relief, and that relief is delivered more rapidly than the regimen followed by GENLAUD *et al.* [4]. This case supports the conclusion of GENLAUD *et al.* [4], who suggested that drug withdrawal without relapse appeared possible. The withdrawal regimen was effective, although it differed from the normal procedure followed when baclofen is used as an antispasmodic.

## References

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