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## Does Methaqualone Cause Neuropathy?

Some concern has been expressed about the addictive effects of methaqualone and of its combination with diphenhydramine (Mandrax).<sup>1</sup> But other serious side effects apart from idiosyncratic skin sensitivity have received little attention. It is therefore worrying that a recent German report<sup>2</sup> describes peripheral neuropathy after the regular use of methaqualone by itself or in combination with diazepam, meprobamate, or promazine.

J. Finke and U. Spiegelberg describe the cases of seven adults (four men, three women) whose ages ranged from 30 to 74 and who attended neurological and psychiatric clinics in Stuttgart. All were said to have developed numbness and tingling after taking methaqualone in doses of 200 mg to 600 mg at night for periods ranging from two months to two years. In the case of the patient who had been taking this night sedation for only two months the dose is not stated. Complaints of persistent numbness and tingling in the limbs and extremities, with distal muscle wasting and weakness, foot-drop, depressed tendon reflexes, and impairment of the sensations of touch, vibration, and joint position provided the clinical evidence for a diagnosis of peripheral neuropathy.

In two patients superficial nerves were tender. In three of the four patients on whom electromyographic studies were done evidence of peripheral neuropathy is reported to have been found but the actual findings are not described. None of the patients had a muscle or nerve biopsy, but the cerebrospinal fluid protein was slightly raised in three out of four, a finding compatible with a peripheral neuropathy. Though serum levels of vitamin B<sub>12</sub> were not measured, deficiency is unlikely to have been of much importance, because Schilling tests for gastrointestinal absorption of B<sub>12</sub> were normal in four patients and doubtfully abnormal in one. Two of the patients were prediabetic, including an elderly woman who developed tingling after five weeks' administration of 1-1½ tablets daily containing methaqualone 250 mg and promazine 25 mg. One was suspected of alcoholism. Nerve conduction tests are not reported.

Even though most of the patients described probably did suffer from a peripheral neuropathy, the evidence for both the site of the lesion and the aetiological role of methaqualone is inconclusive. But if methaqualone was responsible it is surprising that there have been no other reports in the ten years that have passed since its introduction. Moreover, it is unfortunate that the authors do not indicate if the patients improved on stopping ingestion of the drug.

Nevertheless, this report needs careful consideration. There has been some interest previously in the possible occurrence of peripheral neuropathic changes, because patients shortly after taking the drug sometimes experience transient acroparaesthesiae as an immediate prelude to deep sleep (first reported ten years ago in the correspondence columns of the *B.M.J.*<sup>3</sup>), but animal studies were reported to show neither a neuropathic nor a teratogenic effect.<sup>4</sup> While such dysaesthesiae are more likely to arise centrally than peripherally, their relative frequency, together with a suggestion of infrequent chronic peripheral symptoms, do merit careful reappraisal. A double-blind but very limited study has not disclosed any evidence of peripheral neuropathy,<sup>5</sup> but in an earlier study<sup>6</sup> from Stuttgart, in which 232 patients taking methaqualone were examined, 44 had electromyographic tests performed on them and one was found to have a "chronic polyneuropathy of unknown aetiology." In this case methaqualone was not thought to have contributed to it because the patient had taken only 17 tablets of 200 mg each. The discrepancy between these studies and that of Finke and Spiegelberg<sup>2</sup> might be the result of differences in selection of patients, and it raises the possibility of an idiosyncratic response as in the case of thalidomide neuropathy.

In Great Britain it might be advisable if patients taking methaqualone were now examined by their general practitioners and any suspicion of foot-drop, sensory disturbance, or depression of tendon reflexes were reported to the Committee on Safety of Medicines.

<sup>1</sup> Matthew, H., *British Medical Journal*, 1973, 3, 174.

<sup>2</sup> Finke, J., and Spiegelberg, U., *Nervenarzt*, 1973, 44, 104.

<sup>3</sup> McQuaker, W., and Bruggen, P., *British Medical Journal*, 1963, 1, 749.

<sup>4</sup> Buckler, J. W., Hall, J. E., and Morton, E. V. B., *British Medical Journal*, 1963, 1, 949.

<sup>5</sup> Volk, W., *Medizinische Welt*, 1972, 23, 388.

<sup>6</sup> Kunze, K., Noelle, H., and Prüll, G., *Arzneimittel-Forschung*, 1967, 17, 1052.

## Freedom in Hospital

No matter how egalitarian a society may claim to be, a hierarchy of privilege is never hard to discover in it. Where Great Britain is fortunate is in the number of watchdog organizations we have whose self-appointed task is to see