I4 Kava Intoxication and Psychiatric Manifestations: A Case Report

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The goal of this presentation is to present to the forensic community a case of psychiatric complications from Kava intoxication requiring hospitalization and a review of the respective literature.

This presentation will impact the forensic community and/or humanity by publishing findings in the literature as kava, much like ephedra, remains one of the more controversial herbs available on the supplement market. It has already been linked to hepatotoxicity and the author presents another documented case of psychiatric complications from its use.

This poster will present a specific case report and pertinent review of the literature documenting suspected psychiatric manifestations from kava intoxication. The patient is a female in her early forties with prior diagnoses of polysubstance dependence and bipolar disorder for which she was being treated with carbamazepine and sertraline. She reported taking kava to aid in sleep and on initial presentation exhibited paranoia and mood lability. Her medical history was pertinent for hypothroidism treated with the medication, Synthroid, and a current urinary tract infection. A carbamazepine level was mildly elevated at 11.1 mcg/ml (4.0 mcg/ml-10.0 mcg/ml) upon admission. The patient reported that she took Baclofen and clonazepam as needed for chronic back pain and urine toxicology was reported as presumptive positive for benzodiazepine. The patient was discharged within 72 hours.

Kava, an herbal product, was widely used in the 1990s to promote relaxation. It was sold as a dietary supplement and marketed to treat anxiety, occasional insomnia, premenstrual syndrome, and stress. Eventually it was linked to greater than 70 cases of hepatotoxicity in Great Britain and Europe and was subsequently banned there in 2002. In the United States, the Food and Drug Administration is investigating any links between kava and liver damage.

Kava is considered to have additive effects when used in combi- nation with benzodiazepines. One case report documents the combi- nation of kava and alprazolam possibly contributing to a self-limiting symptom cluster of disorientation and lethargy that also resolved with a three day admission to the hospital. In fact, kava may actually interact with benzodiazepine metabolism. Research has shown a possible synergism between kavapyrones (the active constituent extracted from the root of kava plants) and gamma-aminobutyric acid (GABA)-active sedatives. These pyrones are considered centrally acting skeletal muscle relaxants and anticonvulsants and have been shown to have weak effects on GABA or benzodiazepine receptors in vitro. Cytochrome P450 metabolism may also play a role when kava is consumed with conventional medications.

Kava, Drug Interaction, Affective Liability

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