



## PIC QUESTION OF THE WEEK: 8/21/06

Q: What is the preferred drug treatment for chronic hiccups?

A: Singultus, the medical term for hiccups, is believed to be caused by spasm of the diaphragm resulting from irritation of the phrenic or vagus nerves. Short episodes of hiccups are common; however, those lasting more than 48 hours are rare. *Persistent* or *chronic* hiccups are defined as episodes lasting longer than 48 hours while *intractable* hiccups continue for more than one month. It is important to note that intractable hiccups may be a sign of many underlying diseases such as a metabolic disorder (e.g. renal failure, diabetes, etc.), lesion of the central nervous system, HIV, neoplasm, etc. In these cases, treatment should be aimed at managing the underlying condition. In rare cases, hiccups can be drug-induced. The most common drugs associated with inducing hiccups include the corticosteroids, benzodiazepines, and dopamine agonists. Intractable hiccups occur so infrequently that little data exists to support consistently effective therapy. They have been treated using a host of alternative remedies as well as drug therapy. Some suggested treatments include breathing into a paper bag, breath holding, swallowing dry granulated sugar, being frightened, sipping ice water, pulling knees to the chest, inducing vomiting, massaging the midline of the anterior soft palate with a cotton-tipped swab, and even ingesting lemon wedges (without the rind) saturated in Angostura bitters. Drug treatment consists of two different approaches. One is trial and error of different medications until the hiccups resolve or using a combination of agents with different mechanisms of action. Some experts consider chlorpromazine to be first line therapy because it is the only FDA labeled treatment for intractable hiccups with a relatively high success rate. The usual dosage is 25-50 mg (oral or I.M./I.V.) three to four times daily. Others consider baclofen (Lioresal®), in a dose of 5-20 mg three times daily, to be first line therapy. Baclofen is the only drug that has been evaluated in randomized controlled trials. Some experts suggest that response may be observed after only one-two doses of baclofen. Gabapentin, in a dose of 1200 mg per day, has also been used successfully in some patients who had been unresponsive to baclofen. Variable results have been reported with haloperidol, metoclopramide, cisapride plus omeprazole with or without baclofen, valproic acid, phenytoin, carbamazepine, amitriptyline, lidocaine, nifedipine, nimodipine, atropine, benztropine, sertraline, and methylcellulose. Currently, baclofen and gabapentin appear to be the agents of choice for prolonged hiccups.

### References:

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