ARTICLE : MEDICAL SCIENCES

Expeditious opium detoxification

Authors: Jamshid Ahmadi¹, Negin Norouzi¹

¹Substance Abuse Research Center, Department of Psychiatry, Shiraz University of Medical Sciences, Shiraz, Iran

ABSTRACT

Background: Opium dependence is a great enigma in the Middle East. Objective: To search the effect of buprenorphine for ultra-rapid opium detoxification. Results: Buprenorphine is quite effective in the ultra-rapid treatment of opium dependence. Discussion: This work recommends that sublingual buprenorphine is preferred in the transaction of opium withdrawal pain and craving. As a result this finding could be an eminent advance to the literature. Conclusions: It is concluded that administration of sublingual buprenorphine could totally manage opium withdrawal symptoms.

Key words: Buprenorphine, Opium detoxification

INTRODUCTION

Opium is derived from opium poppy and is consumed commonly by opium pipe. In the Asia it has been applied for the treatment of insomnia, pain, diarrhea, and premature ejaculation treatment and pleasure seeking (1). In Iran opium dependents who are under treatment are regarded as patient. The price of management such as drugs and rehabilitations are to be paid by the clients according to the approved duty but the government pay the expenses for those clients who are not able to supply (1).

In Iran, the State Welfare Organization, which is connected to the Ministry of Health, treatment, and medical education is in charged for the treatment and rehabilitation of substance dependent patients. Now, management is planned on detoxification with buprenorphine, methadone and clonidine. The duration of treatment covering individual, group and family therapy is normally between 3 to 6 months. But, treatment duration could be prolonged to a few years (2).

As we stated earlier, opium detoxification is ordinarily planned on clonidine, methadone or buprenorphine. Buprenorphine is a safe drug and a partial agonist (3). Since it is a partial agonist at mu receptor, consequently there will be a ceiling on its ability to cause respiratory depression; accordingly buprenorphine is less likely to result in toxicity and overdose (4). On the other hand the possibility of physiological dependence is less, hence it is simple to detoxify from buprenorphine than methadone (5).

Absorption of buprenorphine is high after sublingual administration (6). The
competency and safety of buprenorphine is more than methadone (7, 8, 9, 10, and 11).
In the modern world particularly industrialized nations, the rate of mental disorders are raising (12-29). Thinking of mental diseases, substance connected disorders, chiefly opium derivatives have been accepted as proceeding puzzle (30-98).
Now, in Iran opioid derivatives and psychostimulants usage and companion disorders are a going ahead issue that have resulted in more referrals to addiction centers (99-117).
In our study we administered a single high dose of 74 mg of buprenorphine for the ultra-rapid opium detoxification.
Regarding DSM-5 criteria, we provide a reliable and valid measurement to appraise opium withdrawal pain and craving (111-117).

PATIENT PICTURE
Patient was a single 36 year old self-employed with college education. He dwelled with his parents in Farrisband city of Fars province located in south Iran.
He began smoking tobacco, opium and hashish at the age of 18. He bit by bit commenced abusing of benzodiazepines, opioids, alcohol, and antidepressants.
He gradually developed insomnia, anxiety, irritability, agitation, depression, anhedonia, suicidal ideas, paranoid thoughts and episodes of amnesias and forgetfulness. He had history of several suicidal attempts.
Since 2 months prior to the current hospitalization his symptoms were aggravated and worsened.
In exact and detailed psychiatric interview and itemized mental status examination, he had agitation, anxiety, irritability, depressed mood, anhedonia, suicidal desire, paranoid ideas, amnesias and forgetfulness.
During physical and neurological examinations there was not any important abnormality.
Laboratory tests for viral markers (HIV, HCV and HB Ag) were normal. Urine drug screening tests were positive for buprenorphine.
According to DSM-5 criteria and meticulous medical, psychiatric, and substance use history, he was diagnosed as “opioid related depressive disorder with onset during intoxication.
In hospital admission, he received venlafaxine 225 mg per day for the treatment of depression. He also received olanzapine 20 mg and chlorpromazine 100 mg for the treatment of agitation and insomnia.
Since he reported withdrawal pain and craving, thus we administered 74 mg of sublingual buprenorphine as a single high dose only.
With reference to the interview, detailed monitoring, and itemized measurement (3 times a day) for opioid withdrawal pain and craving, he experienced a declining level of pain and craving following administration of a single dose of 74 mg of sublingual buprenorphine.
Patient was released without any considerable opioid withdrawal symptoms and also any significant psychiatric symptoms after 10 days of hospitalization.

DISCUSSION
This work recommends that a single high dose of 74 mg of sublingual buprenorphine is very valuable in the transaction of opium withdrawal pain and craving. As a result our finding prominently promote to the literature.
CONCLUSIONS

It is resulted that disposal of a single dose of 74 mg of buprenorphine could completely subside opium withdrawal symptoms. It looks that buprenorphine is qualified for the detoxification of opium.

ACKNOWLEDGEMENT

None to be declared.

CONFICT OF INTERESTS

Nil

REFERENCES

24. Pridmore S, Ahmadi J; Psalm 137 and Middle Cerebral Artery Infarction; ASEAN Journal of Psychiatry, 2015; 16 (2).