CASE REPORT: MEDICAL SCIENCE

Management of heroin addiction with baclofen and clonidine

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ABSTRACT

Background: Heroin addiction is a universal problem.
Objective: To represent and demonstrate the benefits of low doses of baclofen and clonidine in the management of heroin addiction.
Method: To assess blindly a single patient.
Results: Usage of clonidine 0.3 mg, baclofen 75 mg per day is very practical in the management of heroin withdrawal symptoms and craving.
Discussion: Findings clarify that low dosage of clonidine and baclofen is very beneficial in the treatment of heroin addiction. This finding is very impressive.
Conclusion: To our understanding this is a considerable addition to the literature.

Key words: Heroin addiction; Baclofen; Clonidine

INTRODUCTION

Narcotics especially opium has a lengthy history of medical, social and recreational acceptance in several regions of the world, such as opium-producing countries of Asia, Europe, and North America (1, 2). Heroin is one of the synthetic derivatives of opium (3).

Health issues especially mental health disorders have a lengthy history and are growing problems in the universe (4-30). Substance related disorders have been regarded as globally progressing problems. Nowadays, substance induced psychiatric presentations to clinics and inpatient centers are growing problem (31-72).

The FDA (Food and Drug Administration) endorsed use of baclofen for the treatment of spasticity and clonidine for the management of hypertension (3).

Now we are using a combination of baclofen, and clonidine as a new approach for the treatment of severe heroin withdrawal symptoms and craving. The corresponding author himself provided a reliable and valid scale to measure the...
withdrawal craving based on DSM-5 criteria for heroin craving, ranging from 0 to 10 (0 means no craving at all and 10 means severe craving and desire all the time).

Craving scale: 0-1-2-3-4-5-6-7-8-9-10.

Since there are not sufficient controlled published studies on this topic, so this case study represents a new finding.

**CASE REPORT**

We describe a patient with heroin addiction who positively responded to combination of baclofen and clonidine.

OE was a single, 37-years-old skilled worker with primary school education. He lived with his parents in Shiraz city of Fars province in southern Iran. OE gradually began smoking tobacco and opium at age of 18. He started smoking heroin since 10 years prior to admission. He began smoking meth since two months. He did not report history of intravenous drug abuse. He developed irritability, restlessness, depression, hopelessness, auditory hallucination, visual hallucination and suicidal thoughts since several months. His symptoms were exaggerated and aggravated since two weeks. Due to the mentioned symptoms he was admitted in psychiatric ward.

During psychiatric interview and examinations he was anxious, agitated, restless, hopeless and depressed. In exact physical and neurological examinations we could not find any abnormal results. Test of serology for viral markers (HIV, HCV and HB Ag) was normal. Urine drug screening tests were positive for morphine, Meth and benzodiazepine.

Based on DSM-5 criteria and complete medical, psychiatric, and substance use history, OE was diagnosed as “opioid (heroin) and tobacco dependent and also with opioid induced mood disorder”

We began baclofen 75 mg and clonidine 0.3 mg per day for the management of heroin withdrawals. We started sodium valproate 400 mg, paroxetine 20 mg, olanzapine 10 mg and chlorpromazine 100 mg daily for treatment of depression and hallucinations. OE complained of symptoms of heroin withdrawal before taking medications.

Out of 10, the mean scores of heroin craving for 11 days of admission were 6, 2.7, 2.3, 1.3, 1.3, 1.3, 1.3, 1, 0.7, 0.3 and 1, respectively.

According to the exact monitoring, observation and interview (3 times a day), OE reported much more opioid withdrawal symptoms and craving before taking medication than after taking medication.

After 11 days of admission, OE was withdrawal symptom free and was discharged. We should mention that patient’s withdrawal symptoms were measured and assessed 3 times a day (morning, afternoon, evening) by an expert who did not know the patient’s medications. Patient was taking medications and his condition was improving every day.

According to the close observation, and interview (3 times a day), he experienced much more heroin withdrawals and craving before taking medication than after taking medication.

**DISCUSSIONS**

Close observation and exact measurement reveals that baclofen 75 mg and clonidine 0.3 per day is very helpful in the reduction and cessation of opioid withdrawal symptoms and also craving. So this result is a considerable addition to the literature.
CONCLUSIONS

We can conclude that low doses of baclofen and clonidine are very beneficial and useful in the management of heroin withdrawal symptoms. This is an important result.

REFERENCES

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