ARTICLE : MEDICAL SCIENCE

Non-opioid drugs in the management of tramadol dependence: A novel approach

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ABSTRACT

Background: Tramadol abuse is a new problem in Asia. Objective: To discuss the efficacy of low dose of clonidine, tizanidine and ibuprofen (NSAID) in the management of chronic and severe tramadol dependency. Results: Tizanidine 8 mg, clonidine 0.4 mg and ibuprofen 800 mg per day is very helpful in the treatment of severe tramadol withdrawal symptoms and tramadol craving. Discussion: Our findings show that low dose of tizanidine, clonidine and ibuprofen (NSAID) is very effective in the treatment of severe tramadol dependence. This is a positive result. Conclusion: To authors’ knowledge beneficial effects of combination of tizanidine, clonidine and ibuprofen in these situations havenot been published yet, and our findings are an important addition to the literature.

Key words: Tramadol; Craving: Withdrawal; Clonidine; Tizanidine; NSAID

INTRODUCTION

Tramadol is a narcotic drug and a weak µ receptor agonist which is derived from opium. It enhances secretion of serotonin, dopamine and endorphin. Physicians prescribe tramadol as a moderate analgesic for a short period (1,2,3).

In Asia a number of patients take tramadol to get high, treat their premature ejaculation, enhance their sexual potency and increase their sexual desire. Psychiatric disorders have been a progressing problem globally (4-29).

The FDA (Food and Drug Administration) approved use of tizanidine is for management of spasticity, NSAID for pain treatment and clonidine (alpha 2 adrenergic receptor agonist) for control of hypertension [1].

At the present time we want to apply combination of tizanidine, clonidine (for the treatment of diarrhea, lacrimation, rhinorrhea and nausea), and ibuprofen (NSAID) as a useful method for the management of severe tramadol with drawal symptoms also and craving.

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Conflict of Interest: None

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Based on DSM-5 criteria (Diagnostic Statistical Manual of Mental Disorders; edition 5) we ourselves prepared a valid and reliable test to score the withdrawal symptoms and craving of tramadol ranging from 0 to 10 (0 means no craving at all and 10 means severe craving and temptation all the time)
Craving scale: 0-1-2-3-4-5-6-7-8-9-10.
To our findings we have not enough controlled published papers on this matter. So our case study may represent a novel finding.

PATIENT PRESENTATION

We want to present our patient with severe tramadol withdrawals who practically improved to combination of tizanidine, clonidine, and ibuprofen (NSAID).
Our case (SM) was a single, 23 year-old soldier with higher education. He lived with his parents in Shiraz city of Fars province in southern Iran.
SM began tobacco smoking and drinking of alcohol occasionally at age of 16 and after several months he became a regular daily user. Since one year later he stopped drinking alcohol and began to abuse tramadol tablet. He was using tramadol 800 mg per day at age of 18. SM stopped using tramadol and began methadone 20 mg per day at age of 19. He stopped using methadone and again began to use tramadol 2000 mg daily at age of 21. He decreased the dosage of tramadol to 1000 mg per day since six months Prior To Admission (PTA). SM had been smoking marijuana since he was 20 years old. Because of tramadol induced depression, he was admitted in psychiatric ward.
In psychiatric interview and examinations he was depressed, restless and agitated. In exact physical and neurological examinations we could not find any abnormal findings. Urine drug screening tests were positive for tramadol and cannabis only. Serology for viral markers (HIV, HCV and HB Ag) was normal. He did not report any history of substance abuse in his family.
According to DSM-5 criteria, and complete medical, psychiatric, and substance use history SM was diagnosed as “tobacco dependent, opioid (tramadol) dependent and opioid induced mood disorder”.
During hospitalization and for the treatment of tramadol withdrawal symptoms he received clonidine 0.4 mg, tizanidine 8 mg and ibuprofen 800 mg per day. He was improved and discharged after five days of hospitalization without any tramadol craving or any other withdrawal symptoms. He was closely interviewed for signs and symptoms of withdrawal every day.
He was especially monitored and interviewed for tramadol withdrawals and craving, three times a day (morning, afternoon, evening).
SM was taking medications and his condition was improving every day.
Based on the interview and closely monitoring (3 times a day), he experienced much more tramadol withdrawals and craving before hospitalization and taking medication than after taking medication.

DISCUSSION

This case study indicates that clonidine 0.4 mg, tizanidine 8 mg and ibuprofen 800 mg per day is very useful in the reduction and cessation of tramadol withdrawals and craving. So our study may add an important finding to the literature.
CONCLUSIONS

We can conclude that low doses of tizanidine, clonidine, and NSAID is very beneficial in the treatment of opioids withdrawals and craving.

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