Buprenorphine in the Treatment of Severe Major Depression with Severe Suicidal Temptations

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Introduction

The majority of patients with substance use disorders have high grade of depression, suicide and anxiety [1-3]. Moreover, they could have minor psychopathology [4, 5] and also personality disorders [6, 7]. It should be emphasized that primary psychiatric symptomatology can predict the rate of failure or success in detoxification treatment of substance dependents [8]. Mood disorders could intervene with the course and prognosis of substance dependence. Furthermore, studies indicated that opioid dependent patients having a depressed mood at the beginning of therapy may be less likely to be clean at follow-up than those with a normal mood [9]. Some of the drugs or substances like ketamine, buprenorphine or Ayahuasca, can lower the level of depression and also raise and expand the mood state [10, 11].

Various studies uncovered that buprenorphine can shorten the level of depression and suicidal temptations rapidly [12, 13].

The trials needed to validate that it is effective have not been completed yet. Since buprenorphine is possibly addicting itself, thus it should not be commonly used for this intent. Further studies are required to test this area [12-14]. Diseases related to mental health have been raising universally [12-18]. In mental problems, substance connected disorders, especially depressive disorders have been considered as increasing global problems. At the present time, substance induced psychiatric presentations to inpatient and outpatient centers are going up problems [19-48].

Buprenorphine is usually applied to treat withdrawal symptoms of opioids and pain syndromes as well [13]. Now, we are considering buprenorphine as a new indication and practice for the cessation or reduction of refractory major depressive disorders and severe suicidal desires, because we contemplate that (our rationale) biochemistry underlies in opioid dependence is mainly similar to depression, in both groups the endogenous

Abstract

Background: Administration of high dose of buprenorphine is associated with rapid-acting anti-depressive and anti-suicidal effects.

Objective: To examine the effect of high dose buprenorphine on the refractory major depression with severe suicidal tendencies.

Method: In the current study we tested the competency of buprenorphine for the treatment of depression and suicide.

Results: High dose buprenorphine was resulted to fast treatment of refractory depression and suicide. Moreover, promotionin psychoactivity, high demotion in depression, regulation of emotion and mood, were observed following buprenorphine administration. Buprenorphine was well tolerated as well.

Discussion: Our results illuminated that buprenorphine has rapid and sustained antidepressive potentials. These findings should be replicated in randomized, placebo-controlled, double-blind trials.

Conclusion: This report indicated that a single high dose of buprenorphine appears to be clinically effective and safe. Our study advises that a single high dose buprenorphine can provide a speedy, simple and safe means of treatment of depression and suicide. Usage of a single high dose of buprenorphine appears to concerns about compliance, and also to diminish the chance of buprenorphine being diverted for abuse.

Keywords: Refractory depression; Suicidal tendencies; Buprenorphine
opiodic system is disturbed and the amount of catecholamine’s, endorphins and enkephalins has be undiminished [12,13].

Results
Administration of high dose of buprenorphine would result to rapid treatment of resistant/refractory depression and also suicide. Furthermore, high demotion in depression, regulation of emotion and mood, and promotion in psychoactivity were seen following buprenorphine application. Moreover, buprenorphine was well tolerated.

Discussion
Ultra high doses of buprenorphine (32 and then 128 mg) had a safe, speedy and suitable influence oncession or reduction of severe intractable depression and severe refractory suicidal impuslions [49]. Usage of buprenorphine in these serious conditions has not been advised earlier.

Conclusion
It may be supposed that an ultra high dose of buprenorphine has fast and safe effect on these serious and emergency situations. This could be a novel inference.

References