Quick Opium Detoxification With 100 mg of Buprenorphine

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Abstract

Background: Dependency to opium is a worldwide problem.

Objective: To merit the competency of a single high dose of buprenorphine in opium detoxification.

Results: Administration of 100 mg of buprenorphine as a single dose is very effective in the opium detoxification.

Discussion: Our study suggests that administration of 100 mg of sublingual buprenorphine as a high single dose is quite practical in opium detoxification. Hence, this experience could be a factual addition to the literature.

Conclusions: We infer that a single high dose of buprenorphine efficaciously treats opium withdrawal symptoms.

Keywords: Buprenorphine; Single high dose; Opium detoxification

Introduction

FDA (Food and Drug Administration) endorsed buprenorphine which is a partial mu agonist for opioids detoxification [1].

Buprenorphine is a safe drug with less chance of toxicity and overdose [1].

In opioid detoxification, buprenorphine is more helpful than methadone [2-4]. Research studies indicated that 8 mg of buprenorphine is comparable to 60 mg of methadone considering retention rates and opioids negative urines [5].

Investigators narrated that buprenorphine can lower the incidence of HIV and other allied disorders following opioids abuse [1,6,7].

It is a long time that people have been using up opium for different purposes. For example in Asia opium had been used for delectation, or for the treatment of pain, diarrhea and premature ejaculation [8-10].

Many reports and research studies denote that physical and mental disorders are lifting universally [11-29]. In psychiatric disorders, substance joined disorders have been appeared as boosting quandary and have resulted more presentations to emergency departments, outpatient and inpatient psychiatric centers [30-108].

In this study we are hinting a single high dose of 100 mg of buprenorphine for prompt opium detoxification.

We could not find substantial experiences on this subject, so this study may add to the literature.

Patient Detoxification

Quick opioids detoxification with a single high dose of buprenorphine is a novel approach. Now we are going to describe opium detoxification of a patient who dramatically answered to a single high dose of 100 mg of buprenorphine.

Our patient was a married, 46-year-old self-employed with secondary school education. BE lived with his family in Eghlid city of Fars province in south region of Iran.

BE began smoking tobacco and opium since 15 years prior to this admission. He stepwise increased the dose of opium and became heavy opium dependent. BE bit by bit developed, hyper talkativeness, anxiety, insomnia, irritability, hopelessness and depression. Since 6 months prior to hospitalization his symptoms were worsened.

Two years prior to the current hospitalization, he was admitted in this hospital with the above mentioned symptoms.

Due to agitation, headache, paranoid ideas, hyper talkativeness, depression and somatization he was admitted in psychiatric ward.

During detailed psychiatric interview and exact mental status examination he was very restless, agitated, hyper talkative, irritable, paranoid and depressed. In meticulous physical and neurological examinations, we could not find any significant abnormality.

Urine drug screening tests were positive for methadone and benzodiazepines. Tests of serology for viral markers (HIV, HCV and HB Ag) were normal.
With reference to comprehensive medical, psychiatric, and substance use history, BE was diagnosed as “opioid induced depressive disorder with severe use disorder.

In hospital admission, he received paroxetine 20 mg/d for the treatment of depression, chlorpromazine 500 mg/d for the treatment of severe agitation and insomnia. He also received clonidine 0.2 mg, baclofen 50 mg and ibuprofen 1200 mg per day for the treatment of opium withdrawal symptoms.

We should emphasize that the Food and Drug Administration (FDA) recommended clonidine for the reduction of hypertension, baclofen for the treatment of spasticity, and non-steroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen for the reduction of pain, inflammation, and fever.

In the 8th day of admission he complained of severe withdrawal pain and craving, so we administered 100 mg of sublingual buprenorphine only as a single high dose.

According to the close monitoring, exact measurement and detailed interview (3 times a day) for opium withdrawal pain and craving, BE reported a considerable reducing level of pain, inflammation, and fever.

In the 8th day of admission he complained of severe withdrawal pain and craving, so we administered 100 mg of sublingual buprenorphine only as a single high dose.

At the end and after treatment of opium withdrawals, BE also received 6 sessions of electro convulsive therapy for the treatment of severe and resistant somatization and depressive disorders.

BE was discharged without any withdrawal symptoms of opium and also any psychiatric symptoms after 4 weeks of hospitalization.

Discussion

Nowadays, Iranian opioid dependents are commonly detoxified or treated with methadone, buprenorphine or clonidine.

Our study indicates that administration of 100 mg of sublingual buprenorphine as a high single dose is quite applicable in the treatment of opium withdrawal symptoms. So, this study could be a factual addition to the literature.

Conclusion

We infer that a single high dose of 100 mg of sublingual buprenorphine efficaciously treat opium withdrawal symptoms.

Overall, 100 mg of buprenorphine as a single high dose is more effective than sudden cessation or little by little step-down in the opium dosage.

Acknowledgement

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Conflict of Interests

Nil

References


