

DOI: 10.21767/2171-6625.1000149

Quick Opium Detoxification With 100 mg of Buprenorphine

Jamshid Ahmadi and Bahare Oji

Substance Abuse Research Center, Shiraz University of Medical Sciences, Shiraz, Iran

Corresponding author: Jamshid Ahmadi, Founder and Director, Substance Abuse Research Center, Shiraz University of Medical Sciences, Shiraz, Iran, Tel: +98-71-3627 93 19; E-mail: Jamshid_Ahmadi@yahoo.com**Received:** May 18, 2016; **Accepted:** Sep 30, 2016; **Published:** Oct 03, 2016**Citation:** Ahmadi J, Oji B. Quick Opium Detoxification With 100 mg of Buprenorphine. J Neurol Neurosci. 2016, 7: 5.

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

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.

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].

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 and craving after receiving of a single dose of 100 mg of sublingual buprenorphine.

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

None to be declared.

Conflict of Interests

Nil

References

1. Sadock B, Sadock V, Ruiz P (2015) Kaplan & Sadock'S Synopsis of Psychiatry: Lippinott Wiliams and Wilkins, Philadelphia (USA).
2. Jasinski DR, Pevnick JS, Griffith JD (1978) Human pharmacology and abuse potential of the analgesic buprenorphine: a potential agent for treating narcotic addiction. *Archives of General Psychiatry* 35: 501-516.
3. Ling W, Charuvastra C, Collins JF, Batki S, Brown LS Jr, et al. (1998) Buprenorphine maintenance treatment of opiate dependence: a multicenter, randomized clinical trial. *Addiction* 93: 475-486.
4. Ling W, Rawson RA, Compton MA (1994) Substitution pharmacotherapies for opioid addiction: from methadone to LAAM and buprenorphine. *Journal of Psychoactive Drugs* 26: 119-128.
5. Strain EC, Stitzer ML, Liebson IA, Bigelow GE (1994) Comparison of buprenorphine and methadone in the treatment of opioid dependence. *American Journal of Psychiatry* 151: 1025-1030.
6. Johnson RE, Jaffe JH, Fudala PJ (1992) A controlled trial of buprenorphine treatment for opioid dependence. *Journal of the American Medical Association* 267: 2750-2755.
7. Lewis JWB (1985) Drug and alcohol dependence 14: 363-372.
8. Jasinski DR, Fudala PJ, Johnson RE (1989) Sublingual versus subcutaneous buprenorphine in opiate abusers. *Clinical Pharmacology and Therapeutics* 45: 513-519.
9. Brian J (1994) Opium and infant-sedation in 19th century England, *Health Visitor* 76: 165-166.
10. Jonnes J (1995) The rise of the modern addict, *American Journal of Public Health* 85: 1157-1162.
11. Gill D, Ahmadi J, Pridmore S (2014) Suicide and Gambling on the Public Record. *MJP* 2: 81-88
12. Ahmadi J, Kamel M, Ahmed MG, Bayoumi FA, Moneenum A (2012) Mental health of Dubai Medical College students. *Iran J Psychiatry Behave Sci* 6: 79-83.
13. Ahmadi J, Kamel M, Ahmed MG, Bayoumi FA, Moneenum AA (2008) Dubai Medical College students' scores on the Beck Depression Inventory. *Iranian Red Crescent Journal* 10: 169-172.
14. Pridmore S, McInerney G, Ahmadi, Rybak M (2007) Enlarged Virchow-Robin spaces in a psychotic woman. *Journal of Psychiatric Intensive Care* 3: 49-54.
15. Pridmore S, Robinson J, Ahmadi J (2007) Suicide for scrutinizers. *Australas Psychiatry* 15: 247-248.
16. Ghanizadeh A, Kianpoor M, Rezaei M, Rezaei H, Moini R, et al. (2008) Sleep patterns and habits in high school students in Iran. *Ann Gen Psychiatry* 7: 5.
17. Ghanizadeh A, Arkan N, Mohammadi MR, Ghanizadeh-Zarchi MA, Ahmadi J (2008) Frequency of and barriers to utilization of mental health services in an Iranian population. *East Mediterr Health J* 14: 438-446.
18. Pridmore S, Ahmdi J (2010) Two cases of 'Type 3' suicide. *Australasian Psychiatry* 18: 426-430.

19. Pridmore S, Brüne M, Ahmadi J, Dale J (2008) Echopraxia in schizophrenia: Possible mechanisms. *Aust N Z J Psychiatry* 42: 565-571.
20. Pridmore S, Ahmadi J, Reddy A (2012) Suicide in the absence of mental disorder. *Working paper of public health* 6: 1-11.
21. Pridmore S, Ahmadi J, Majeed ZA (2011) Suicide in old Norse and Finnish folk stories. *Australasian Psychiatry* 19: 322-324.
22. Pridmore S, Ahmadi J (2011) Usage of download of psychiatry by Muslim countries. *Bulletin of Clinical Psychopharmacology* 21: 174.
23. Mani A, Dastgheib SA, Chanoor A, Khalili HA, Ahmadzadeh L, et al. (2015) Sleep quality among patients with mild traumatic brain injury: A cross-sectional study. *Bull Emerg Trauma* 3: 93-96.
24. Pridmore S, Ahmadi J (2015) Psalm 137 and Middle Cerebral Artery Infarction; *ASEAN Journal of Psychiatry* 16.
25. Pridmore S, Ahmadi J (2005) Book reviews. *Aust N Z J Psychiatry* 39: 205-206.
26. Pridmore S, Ahmadi J, Evenhuis M (2006) Suicide for scrutinizers. *Austral Psychiatry* 14: 359-364.
27. Ahmadi J, Ahmadi N, Soltani F, Bayat F (2014) Gender differences in depression Scores of Iranian and German medical students. *Iran J Psychiatry Behav Sci* 8: 70-73.
28. Mackay-Smith M, Ahmadi J, Pridmore S (2015) Suicide in shooting galleries *ASEAN Journal of Psychiatry* 16: 50-56.
29. Khademalhosseini Z, Ahmadi J, Khademalhosseini M (2015) Prevalence of smoking, and its relationship with depression, and anxiety in a sample of Iranian high school students. *Enliven: Pharmacovigil Drug Saf* 1: 005.
30. Ahmadi J, Ghafoori M, Rahimi S (2015) Management of heroin addiction with baclofen and clonidine. *Int J Res Rep* 1: 6-10.
31. Ahmadi J, Sahraian A, Shariati S (2015) Homicidal patient with major depressive disorder companion with opium dependence: A new arcade. *Int J Res Rep* 1: 1-5.
32. Ahmadi J (2015) The effect of buprenorphine and bupropion in the treatment of methamphetamine dependency and craving. *Br J Med & Med Res* 10: 1-4.
33. Ahmadi, J (2015) Heroin dependency treatment: A new approach. *J Addict Depend* 1: 1-3.
34. Ahmadi J, Sahraian A, Dastgheib SA, Moghimi E, Bazrafshan A (2015) Treatment of heroin abuse. *Sch Acad J Biosci* 3: 966-968.
35. Ahmadi J (2015) Hashish-induced olfactory hallucination: A novel finding. *J Psychiatry* 18: 330.
36. Ahmadi J (2015) Excellent outcome of psychosis induced by methamphetamine intoxication after 20 sessions of electroconvulsive therapy. *J Addict Depend* 1: 1- 2.
37. Ahmadi J, Ekramzadeh S, Pridmore S (2015) Remission of methamphetamine- induced withdrawal delirium and craving after electroconvulsive therapy. *Iran J Psychiatry Behav Sci* 9: e1793.
38. Ahmadi J, Sahraian A, Dastgheib SA, Mani A, Mowla A, et al. (2015) ECT and methamphetamine psychosis. *IJMPS* 7: 51-53.
39. Ahmadi J (2015) Tramadol dependency treatment: A new approach. *J Addict Med Ther Sci* 2: 001-003.
40. Ahmadi J, Dehghanian I, Razeghian Jahromi L (2015) Poly substance induced psychosis. *Sch J App Med Sci* 3: 2693-2695.
41. Ahmadi J, Dehghanian I, Razeghian Jahromi L (2015) Substance induced disorder. *Sch J App Med Sci* 3: 2700-2703.
42. Ahmadi J, Pridmore S, Ekramzadeh S (2015) Successful use of electro convulsive therapy in the management of methamphetamine induced psychosis with onset during intoxication. *J Addict & Depend* 1: 1-3
43. Ahmadi J, Sahraian A, Dastgheib SA, Mowla A, Ahmadzadeh L (2015) Management of methamphetamine-induced psychosis by 8 sessions of ECT. *Sch J App Med Sci* 3: 1565-1566.
44. Ahmadi J, Amir A, Ghanizadeh A, Khademalhosseini M, Khademalhosseini Z, et al. (2014) Prevalence of addiction to the internet, computer games, DVD, and video and its relationship to anxiety and depression in a sample of Iranian high school students. *Iran J Psychiatry Behav Sci* 8: 75-80.
45. Ahmadi J, Soltani F, Tabatabaee F, Gozin Z, Ahmadi S, et al. (2014) Substance use disorders in patients with lung or heart Diseases. *Sch J App Med Sci* 2: 111-120.
46. Ahmadi J, Sharifi M (2013) Lifetime and current prevalence of tobacco smoking. *J Addict Res Ther* 4: 145.
47. Ahmadi J, Ahmed MG (2013) Dubai Medical College Students' attitudes towards substance use. *J Addict Res Ther* 56: 005.
48. Ahmadi J, Keshtkar M, Pridmore S (2011) Methamphetamine induced synesthesia: A case report. *Am J Addict* 20: 306.
49. Ahmadi J, Naghshvarian M, Afshari R (2011) Opioid abuse in male population referred for mandatory urine opioid screen before marriage in Shiraz-Iran. *Iranian J Psychiatry Behav Sci* 5: 126-130.
50. Ahmadi J, Kampman K, Oslone DM, Pettinati HM, Dackis C, et al. (2009) Predictors of treatment outcome in outpatient cocaine and alcohol dependence treatment. *Am J Addict* 18: 81-86.
51. Ahmadi J, Benrazavi L, Babaebeigi M, Ghanizadeh A, Ghanizadeh M, et al. (2008) Substance use in a sample of medical patients. *J Psychoactive Drugs* 40: 315-319.
52. Ahmadi J, Kampman K, Dackis C, Sparkman T, Pettinati H (2008) Cocaine withdrawal Symptoms identify Type B cocaine-dependent patients. *Am J Addict* 17: 60-64.
53. Ahmadi J, Pridmore S, Alimi A, Cheraghi A, Arad A, et al. (2007) Epidemiology of opium use in the general population. *Am J Drug and Alcohol Abuse* 33: 483-491.
54. Ahmadi J, Kampman K, Dackis C (2006) Outcome predictors in cocaine dependence treatment trials. *Am J Addict* 15: 434-439.
55. Tabei SZ, Heydari ST, Mehrabani D, Shamsina SJ, Ahmadi J, et al. (2006) Current substance use in patients with gastric cancer in Southern Iran. *J Can Res Ther* 2: 182-185.
56. Ahmadi J, Fallahzadeh H, Salimi A, Rahimian M, Salehi V, et al. (2006) Analysis of opium use by students of medical sciences. *J Clin Nurs* 15: 379-386.
57. Ahmadi J, Tabatabaee F, Gozin Z (2006) Physical trauma and substance abuse: a comparative study on substance abuse in patients with physical trauma versus general population. *J Addict Dis* 25: 51-63.
58. Ahmadi J, Menzies P, Maany I (2005) Pattern of cocaine and heroin abuse in a sample of Iranian general population. *German J Psychiatry* 8: 1-4.
59. Ahmadi J, Farrashbandi H, Menzies P (2005) Prevalence of mood and anxiety disorders in a sample of Iranian outpatient opioid addicts. *German J Psychiatry* 8: 5-7.

60. Ahmadi J, Farrashbandi H, Majdi B (2005) Substance-induced anxiety disorder in opioid dependents. *Addictive Disorders & Their Treatments* 1-4.
61. Ahmadi J, Babae-Beigi M, Alishahi M, Maany I, Hidari T (2004) Twelve-month maintenance treatment of opium-dependent patients. *J Subst Abuse Treat* 26: 363-366.
62. Ahmadi J, Babaebeigi M, Maany I (2004) Naltrexone for alcohol dependent patients *Irish J Med Science* 173: 34-37.
63. Ahmadi J, Majdi B, Mahdavi S, Mohaghegh M (2004) Mood disorders in opioid dependent patients. *J Affective Disorders* 82: 139-142.
64. Ahmadi J, Farrashbandi H, Moosavinasab M (2004) Treatment of heroin dependence. *German J Psychiatry* 7: 1-5.
65. Ahmadi J, Pridmor S, Fallahzadeh M (2004) Neurotic scores in medical students. *German J Psychiatry* 7: 51-55.
66. Ahmadi J, Maharlooy N, Alishahi M (2004) Substance abuse: prevalence in a sample of nursing students. *J Clin Nurs* 13: 60-64.
67. Ahmadi J, Alavi M, Alishahi M (2004) Substance use disorders in a sample of Iranian secondary school students. *Social Indicators Research* 65: 355-360.
68. Pridmore S, Skerrit P, Ahmadi J (2004) Why do doctors dislike treating people with somatoform disorder? *Australasian Psychiatry* 12: 134-138.
69. Ahmadi J, Toobae S, Alishahi M (2004) Depression in nursing students. *J Clin Nurs* 13: 124.
70. Ahmadi J, Ahmadi K, Ohaeri J (2003) Controlled, randomized trial in maintenance treatment of intravenous buprenorphine dependence with naltrexone, methadone or buprenorphine: a novel study. *Eur J Clin Invest* 33: 824-829.
71. Ahmadi J (2003) Methadone versus buprenorphine maintenance for the treatment of heroin-dependent outpatients. *J Subst Abuse Treat* 24: 217-220.
72. Ahmadi J, Toobae S, Kharras M, Radmehr M (2003) Psychiatric disorders in opioid dependants. *Int J Soc Psychiatry* 49: 185-191.
73. Ahmadi J, Etminan H, Javanmardi H (2003) Reasons for cessation of opiate use among Iranian opioids dependants. *Addictive Disorders & Their Treatment* 2: 9-12.
74. Ahmadi J, Rayisi T, Alishahi M (2003) Analysis of substance use by primary school students. *German J Psychiatry* 3: 56-59.
75. Ahmadi J, Ashkani H, Ahmadi M, Ahmadi N (2003) Twenty-four week maintenance treatment of cigarette smoking with nicotine gum, clonidine and naltrexone. *J Subst Abuse Treat* 24: 251-255.
76. Ahmadi J, Ahmadi M (2003) Twelve-month maintenance treatment of heroin- dependent outpatients with buprenorphine. *J Subst Use* 8: 39-41.
77. Ahmadi J, Sharifi M (2003) Cannabis abuse in Iran. *Irish J Med Sci* 172: 46.
78. Ahmadi J, Arabi H, Mansouri Y (2003) Prevalence of substance use among offspring of opioid addicts. *Addict Behav* 28: 591-595.
79. Ahmadi J, Motamed F (2003) Treatment success rate among Iranian opioid dependents. *Subst Use Misuse* 38: 151-163.
80. Ahmadi J, Hasani M (2003) Prevalence of substance use among Iranian high school students. *Addict Behav* 28: 375-379.
81. Ahmadi J, Maany I, Ahmadi M (2003) Treatment of intravenous buprenorphine dependence: A randomized open clinical trial. *German J Psychiatry* 6: 23-29.
82. Ahmadi J, Javadpour A (2002) Assessing substance use among Iranian health care students. *European J Psychiatry* 16: 174-177.
83. Ahmadi J, Bahrami N (2002) Buprenorphine treatment of opium-dependent outpatients seeking treatment in Iran. *J Subst Abuse Treat* 23: 415-417.
84. Ahmadi J, Samavatt F, Sayyad M, Ghanizadeh A (2002) Various types of exercise and scores on the Beck Depression Inventory. *Psychol Rep* 90: 821-822.
85. Ahmadi J, Yazdanfar F (2002) Substance use among Iranian university students. *The International Journal of Drug Policy* 13: 505-508.
86. Ahmadi J (2002) A randomized, clinical trial of buprenorphine maintenance treatment for Iranian patients with opioid dependency. *Addictive Disorders & Their Treatments* 1: 24-27.
87. Ahmadi J, Benrazavi L (2002) Substance use among Iranian physical patients. *The International Journal of Drug Policy* 13: 505-506.
88. Ahmadi J, Ostovan M (2002) Substance use among Iranian male students. *The International Journal of Drug Policy* 13: 511-512.
89. Ahmadi J (2002) Buprenorphine maintenance treatment of heroin dependence: the first experience from Iran. *J Subst Abuse Treat* 22: 157-159.
90. Ahmadi J, Benrazavi L (2002) Substance use among Iranian nephrologic patients. *Am J Nephrol* 22: 11-13.
91. Ahmadi J, Ahmadi N (2002) A double blind placebo-controlled study of naltrexone in the treatment of alcohol dependence. *German J Psychiatry* 5: 85-89.
92. Ahmadi J, Benrazavi L (2002) Substance use among Iranian surgical patients. *The International Journal of Drug Policy* 13: 509-510.
93. Ahmadi J (2002) A controlled trial of buprenorphine treatment for opium dependence: the first experience from Iran. *Drug Alcohol Depend* 66: 111-114.
94. Ahmadi J, Benrazavi L (2002) Substance use among Iranian cardiovascular patients. *Eur J Med Res* 7: 89-92.
95. Ahmadi J, Benrazavi L, Ghanizadeh A (2001) Substance abuse among contemporary Iranian medical students and medical patients. *J Nerv Ment Dis* 189: 860-861.
96. Ahmadi, J, Fakoor, A, Pezeshkian, P, Khoshnood, R, Malekpour, A (2001) Substance use among Iranian psychiatric inpatients. *Psychol Rep* 89: 363-365.
97. Ahmadi J, Sharifi M (2002) Prevalence of alcohol use disorders. *J Subst Use* 7: 251-254.
98. Ahmadi J, Khalili H, Jooybar R, Namazi N, Mohammadagaei P (2001) Prevalence of cigarette smoking in Iran. *Psychol Rep* 89: 339-341.
99. Ahmadi J, Ghanizadeh A (2001) Current substance use among Iranian medical students. *Indian J Psychiatry* 43: 157-161.
100. Ghanizadeh A, Ahmadi J (2000) The MMPI profile of opiate addicts of Iran: evidence from Shiraz. *Annals of Saudi Medicine* 3-4: 334-5.

101. Ahmadi J, Ghanizadeh A (2000) Motivations for use of opiates among addicts seeking treatment in Shiraz. *Psychol Rep* 87: 1158-1164.
102. Ahmadi J, Khalili H, Jooybar R, Namazi N, Aghaei PM (2001) Cigarette smoking among Iranian medical students, resident physicians and attending physicians. *Eur J Med Res* 6: 406-408.
103. Ahmadi J, Ahmadi M, Pridmore S (2005) Substance use disorders in rheumatic patients. *German J Psychiatry* 5: 66-69.
104. Ang LK, Oreskovich MR, Saxon AJ, Jaffe C, Meredith C, et al. (2006) Single dose of 24 milligrams of buprenorphine for heroin detoxification: an open-label study of five inpatients, *J Psychoactive Drugs* 38: 505-512
105. Kutz I, Reznik V (2001) Rapid heroin detoxification using a single high dose of buprenorphine. *J Psychoactive Drugs* 33: 191-193
106. Anvar M, Ahmadi J, Hamidian S, Ghafaripour S (2016) Female sexual dysfunction among the wives of opioid-dependent males in Iran. *Int J High Risk Behav Addict* 5: e25435.
107. Ahmadi J, Sahraian A, Shariati S (2015) Delusional disorder joined with opium dependence. *Sch J App Med Sci* 3: 3387-3390
108. Ahmadi J, Dastgheib SA, Mowla A, Ahmadzadeh L, Bazrafshan A, et al. (2016) Treatment of methamphetamine induced persistent psychosis. *J Add Pre Med* 1: 103.