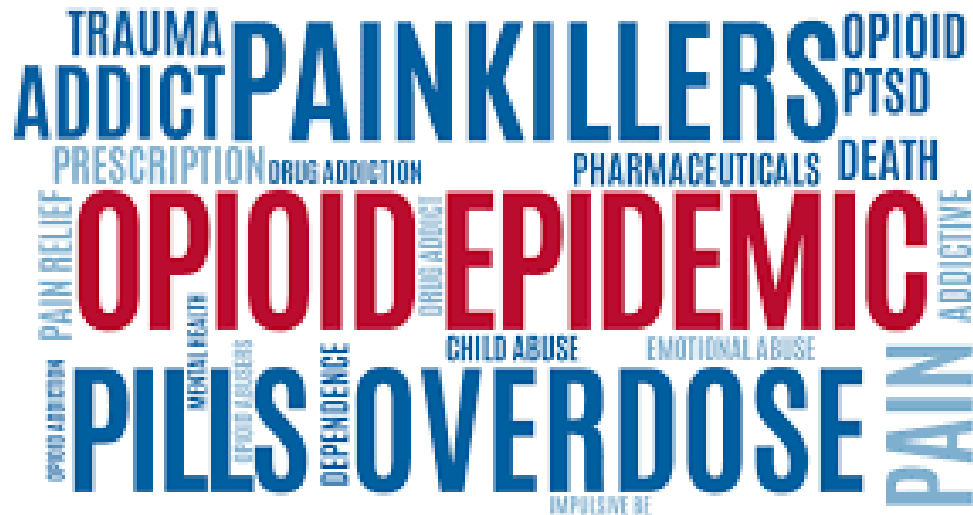


Opioid withdrawal



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Withdrawal = reverse of positive effects

Opioid effects

- Analgesia
- Sedation
- Euphoria
- Pinpoint pupils
- Low BP, PR, RR
- Dry skin, mouth, ↓urine
- Constipation, ↓bowel action
- Nausea, vomiting

Opioid withdrawal

- Increased pain
- Agitation, poor sleep
- Dysphoria
- Dilated pupils
- Increased BP, PR, RR
- Sweaty, ↑urine
- Diarrhoea, abdominal cramps
- Nausea, vomiting

Case to ponder

Jessica is a 34 year old intravenous drug user

>10 year history of heroin & other drug use

Presents to ED with abscess in arm, pyrexia, heart murmur

Injects heroin 2-3 times a day for past 15 months

Partner deals drugs and supplies heroin

4 previous detox admissions

Mild distress

Stopped using for 3/12 in rehab

Relapsed as soon as she was with her partner

Needs admission for drainage abscess and Rx endocarditis

What are the options for opioid management?

As an inpatient?

On discharge?



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Opioid effects

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- Diarrhoea, abdo cramps
- Nausea, vomiting



Symptomatic treatment

Opioid effect

Symptom

Prescribe

- | | |
|-------------------|-------------------------------|
| • Analgesia | • Increased pain |
| • Sedation | • Agitation, poor sleep |
| • Euphoria | • Dysphoria |
| • Pinpoint pupils | • Dilated pupils |
| • Low BP, PR, RR | • Increased BP, PR, RR |
| • Dry skin | • Sweaty, ↑urine |
| • Treat diarrhoea | • Diarrhoea, abdominal cramps |
| | • Nausea, vomiting |

paracetamol, NSAIDS

benzodiazepine (reducing)

reassurance

avoid bright lights

monitor

clonidine (BUT ? hypotension)

loperimide, hyoscine

metoclopramide, ondansetron



Short-term replacement



- *Methadone*
 - Pure agonist = good analgesic
 - Reduce doses over days / weeks
 - Minimises severity of withdrawal symptoms
 - Long half life – be wary of accumulation
 - Consult
- Buprenorphine
 - Sublingual or subcutaneous
 - Partial agonist/partial antagonist - can trigger withdrawal
 - Safe
 - Blocks other opioids – may need higher doses
 - Relatively easy to wean

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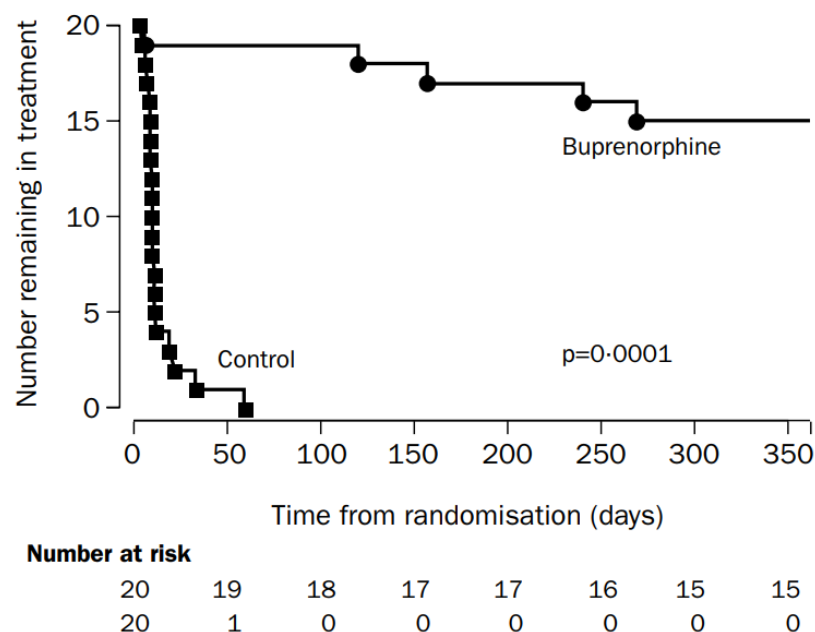
As an inpatient?

On discharge?



Opioid Replacement Therapy is the cornerstone of Victorian Policy

- **40 subjects randomised to**
 - 1 week detox / 1 yr maintenance
 - All provided counselling for 1 year
- **Heroin use**
 - Detox = all relapsed
 - Maintenance=75% Opiate (-)ve UDS
- **Mortality (p=0.015)**
 - Detox 4/20 (20%)
 - Maintenance 0/20



Kakko, J., Svanborg, K.D., Kreek, M.J. and Heilig, M., 2003. 1-year retention and social function after buprenorphine-assisted relapse prevention treatment for heroin dependence in Sweden: a randomised, placebo-controlled trial. *The Lancet*, 361(9358), pp.662-668.

Questions? Comments?

