Combination of analgesics (NSAIDS), baclofen, clonidine and a single dose of buprenorphine for heroin detoxification

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Abstract

Background: Heroin dependency is currently an alarming problem.

Objective: To investigate the efficacy of combination of analgesics (NSAIDS), baclofen, clonidine and a single high dose of buprenorphine in heroin detoxification.

Results: Administration of combination of, baclofen 75 mg, clonidine 0.2 mg, ibuprofen 1200 mg and a single 57 mg of buprenorphine is very effective for detoxification of heroin dependence.

Discussion: This study clarifies that a combination of analgesics (NSAIDS), baclofen, clonidine and a single high dose of buprenorphine is quite helpful in the management of heroin withdrawal symptoms. Hence, our study may be a substantial addition to the literature.

Conclusions: We resulted that a combination of analgesics (NSAIDS), baclofen, clonidine and a single high dose of buprenorphine is very helpful in the detoxification of heroin withdrawal symptoms.

Key words: Baclofen; Clonidine; Ibuprofen; Buprenorphine; Heroin withdrawals

I. Introduction.

The United State Food and Drug Administration approved buprenorphine for heroin detoxification (1). Buprenorphine is a partial mu receptor agonist; so has low possibility of overdose and toxicity (2). Published reports, comparing buprenorphine with methadone, illustrated that buprenorphine is more efficacious than methadone (3, 4, 5). Johnson, Jaffe, and Fudala in a report uncovered that 8 mg of buprenorphine is comparable to 60 mg of methadone considering rates of retention and opioid negative urines (6). Buprenorphine decreases the incidence of HIV and other associated disorders resulting from opioids consumption (2, 7, and 8).

Heroin is synthesized from opium and is an opioid mu receptor agonist. Heroin as earlier was supposed as a non-addictive form of morphine (1).

Since many years ago, people have been smoking or ingesting opium for different intentions such as fun or medication (9, 10).

Not only in developing countries but also in developed regions, medical and mental problems are going up (11-29). Focusing on mental problems, substance linked disorders, have been considered as a moving up universally dilemma.

As a raising problem, opioids and amphetamines induced mental disorders have resulted more referrals to substance abuse centers (30-107).

Now, we would like to report successful heroin detoxification of a patient using a combination of buprenorphine, baclofen, clonidine and ibuprofen.

We could not find enough reports on this title, so the current study might add to the literature.

Patient picture

Currently we are going to portray a patient with heroin dependence that responded successfully to a combination of analgesics (NSAIDS), baclofen, clonidine and a single dose of buprenorphine for detoxification of heroin dependence

FT was a married 25 years old skilled worker with college education. He lived with his family in Marvdasht city of Fars province in southern Iran.

FT had been abusing tramadol tablets since 2 years prior to admission. He bit by bit increased the dosage to 1000 mg/d and developed a few episodes of convulsions.

Since 2 months prior to admission he stopped abusing of tramadol and began smoking heroin.
After tramadol abuse he gradually developed depressed mood, anxiety, irritability, insomnia, hopelessness and low appetite. One week prior to admission his symptoms were exaggerated and was directed to this hospital. Due to irritability, depression, insomnia, low appetite and vomiting he was admitted in psychiatric ward.

During precise psychiatric interview and mental status examination he was depressed, anxious and irritable. In complete physical and neurological examinations we could not find any significant abnormal signs and symptoms.

Urinalysis drug screening tests were positive for morphine and methadone only. Viral markers tests (HIV, HCV and HB Ag) were normal.

With reference to medical, psychiatric, and substance use history and DSM-5 criteria he was diagnosed as “opioid related depressive disorder, and opioid dependence.

In hospital admission, we administered olanzapine 10 mg, valproate 1000 mg, and melatonin 6 mg per day for the treatment of low appetite, depression, irritability and insomnia.

In the 2nd day of admission he complained of opioid withdrawals, hence, he received 57 mg of sublingual buprenorphine as a single dose only.

Based on close monitoring and interview (3 times a day) for heroin withdrawal pain and craving, he experienced a very low level of pain and craving after receiving 57 mg of buprenorphine.

In the 6th day of admission, he again developed opioid withdrawal symptoms; therefore, we administered baclofen 75 mg, clonidine 0.2 mg and ibuprofen 1200 mg per day.

With reference to 3 times per day of observation and interview, FT experienced and reported a low level of opioid withdrawals after receiving ibuprofen, baclofen and clonidine.

After 12 days of hospital admission he was discharged without any significant heroin withdrawal symptoms.

### Discussion

Iranian health authorities announce that if someone is found to be abusing illicit substances or drugs, such as, opioids, hashish, marijuana, alcohol, ecstasy, methamphetamine, hallucinogens and cocaine, he/she must be referred to addiction treatment centers to be under treatment.

In our study, we administered sublingual buprenorphine 57 mg as a single dose, baclofen 75 mg, clonidine 0.2 mg, and ibuprofen 1200 mg per day, which was continued for 12 days and found to be quite effective for the detoxification of heroin withdrawal symptoms. FT experienced and reported a low level of pain and craving.

Conclusions

We conclude that a combination of analgesics (NSAIDS), baclofen, clonidine and a single high dose of buprenorphine is quite effective in the management of heroin withdrawal symptoms. So, the present study may be a substantial addition to the literature.

Acknowledgement: We were on our own.

Conflict of interests: None to be declared.

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