

## **Naltrexone interaction with opiates in addicts; clinical findings and management.**

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**Background:** Intoxication is relatively common in North East Iran (1). Opioids are the most common single cause of overdose in all age groups (2). This may imply to the accessibility of these agents. According to Iranian Pharmacopoeias, naltrexone is recommended after finishing abstinence therapy to prevent relapse. Naltrexone should be started at least 5 days after stopping opioid use; if used earlier it will precipitate withdrawal signs and symptoms. This study aimed to evaluate the clinical findings of naltrexone interaction in opioid users, who were not opioid naïve. **Method:** All patients with a history of recent naltrexone use who were admitted to the toxicology ward of Imam Reza Hospital between 21st March 2005 and 21st March 2006 were studied. Vital signs were checked every 6 hours during the first 24 hours. All cases were treated with clonidine and diazepam but received no opioids. **Results:** Overall 205 cases of interaction of opioids and naltrexone were investigated. The patients were aged 13 to 81 years with a mean (SD) of 36.7 (13.0). Among them 90.7% were males, and 55.1% referred in autumn and winter. They had taken raw opium (45.9%), heroin (20.4%), others (29.6%) and mixed opioids (4.1%). Vital signs measured every 6 hours are summarized in Table 1. Clinical findings included severe agitation 81%, limited consciousness 64%, sleepiness 35.6%, vomiting 30%, mydriasis 22%, diarrhoea 19%, chilling 17%, myosis 15%, bone pain 12%, muscular pain 11%, yawning 11%. One patient died. **Conclusion:** Systolic and diastolic blood pressures declined in the first 24 hours after interaction. Withdrawal signs and symptoms are relatively different from the usual findings after opioid discontinuation in opioid-dependent subjects. Based on the similarities, however, emergency physicians should be aware and ask the accompanied patients about recent administration of methadone or any other opioids before administration of naltrexone. **References:** 1. Afshari R, Majdzadeh R, Balali-Mood M. Pattern of acute poisoning in Mashhad, Iran 1993-2000. *J Toxicol Clin Toxicol* 2004; 42: 965-75. 2. Afshari, R. Descriptive Epidemiology of intoxication in Mashhad, Iran 56111, 2001. Tehran University of Medical Sciences (M.P.H. Thesis).

**Table 1. Vital signs after naltrexone use in opioid dependent cases**

Mean (SD) 24-48 (h)		Mean (SD) 18-24 (h)		Mean (SD) 12-17 (h)		Mean (SD) 6-11 (h)		Mean (SD) 0-6 (h)		
(12,1)	96, 7	(9,8)	110, 3	(10,4)	111,0	(13,5)	110,2	(18,7)	116, 6	Systolic Blood Pressure
(11,7)	58, 3	(8,4)	65,8	(9,8)	69,2	(9,7)	66,2	(11,3)	73,3	Diastolic Blood pressure
(10,8)	83, 8	(12,2)	86,3	(9,2)	86,8	(9,6)	85,5	(16,8)	82,8	Pulse Rate
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(0,3)	37, 1	(0,3)	37,3	(0,3)	37,3	(0,3)	37,2	(8,0)	21,5	Temperature