

Use of clonidine-naltrexone for rapid withdrawal in two patients dependent on intravenous morphine

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Summary

There are no published reports of intravenous morphine abuse in Sri Lanka. We describe the use of rapid detoxification using clonidine and naltrexone in two patients dependent on intravenous morphine. There were minimal withdrawal effects and no serious

adverse events during the withdrawal period. Both patients remain abstinent one month after completing the rapid withdrawal.

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Introduction

Alcohol and tobacco are the commonest psychoactive substances used in Sri Lanka followed by cannabis and heroin (1-3). Heroin is the commonest opioid used in Sri Lanka and the main mode of administration is inhalation (3). It is estimated that only a small percentage, about 2%, are intravenous users (3). Morphine is mainly used for medicinal purposes, but abuse has been reported from many countries. A survey of literature did not yield any published reports of intravenous morphine abuse in Sri Lanka.

In this case report we describe the use of rapid detoxification using clonidine and naltrexone in two patients dependent on intravenous morphine.

Both patients were treated in the in-patient psychiatry unit of a teaching hospital. Prior to commencing rapid withdrawal, routine investigations including an electrocardiogram were performed. The treatment regime for rapid detoxification is given in table 1. In addition to clonidine and naltrexone they were prescribed diazepam, paracetamol and diclofenac sodium. Blood pressure was measured before and at 30 minute intervals after each clonidine dose. In one patient, the blood pressure dropped below the protocol threshold of 90/60 mm Hg and the next dose of clonidine was withheld. The patients were observed for withdrawal symptoms of morphine.

Case Reports

The first patient was a 28 year old male from Colombo who was employed as a lecturer. Introduced to heroin by a friend at the age of twenty two years, he initially used the inhalation method. He used nearly 250 mg of heroin daily. Two years ago he decided to cease heroin use as it was a financial burden and had adverse effects on his career. He used morphine tablets to reduce the intensity of the withdrawal symptoms experienced after the discontinuation of heroin. The friend who introduced him to heroin informed him that intravenous use of morphine would relieve withdrawal symptoms faster than oral morphine and helped him prepare intravenous morphine by boiling oral tablets and water in a spoon held over a candle flame. Cotton wool or a cigarette butt was used as a filter to draw the liquid into a disposable syringe and it was injected into the cubital vein. He used three tablets at a time, twice a day. He had used IV morphine for 6 months. He also used alcohol, tobacco and cannabis.

The second patient was a 36 year old skilled manual worker who used heroin initially and changed over to morphine because of the scarcity of heroin. He too boiled morphine tablets in water and injected the liquid through the cubital vein. He had used IV morphine for 18 months.

Table 1 -Comparison of mean scores between groups

	Clonidine		Naltrexone	
	Time of dose	Dose	Time of dose	Dose
Day 1	10 am 2pm 6pm 10pm	0.1 mg 0.1 mg 0.1mg 0.1 mg	10 am 2pm 6pm 10pm	- - - -
Day 2	10 am 2pm 6pm 10pm	0.2 mg 0.2 mg 0.2mg 0.2 mg	10 am 2pm 6pm 10pm	- - - -
Day 3	10 am 2pm 6pm 10pm	0.4 mg 0.3 mg 0.4mg 0.4 mg	10 am 2pm 6pm 10pm	25 mg 12.5 mg 12.5 mg 25 mg
Day 4	10 am 2pm 6pm 10pm	0.4 mg 0.3 mg 0.3mg 0.4 mg	10 am 2pm 6pm 10pm	25 mg 12.5 mg 25 mg 25 mg
Day 5	10 am 2pm 6pm 10pm	0.2 mg 0.1 mg 0.1mg 0.2 mg	10 am 2pm 6pm 10pm	25 mg 25 mg 25 mg 25 mg
Day 6	10 am 2pm 6pm 10pm	0.1 mg 0.1 mg 0.1mg 0.1 mg	10 am 2pm 6pm 10pm	25 mg 12.5 mg 25 mg 25 mg
Day 7	10 am 2pm 6pm 10pm	0.2 mg - - 0.2 mg	10 am 2pm 6pm 10pm	25 mg - - 25 mg