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Original Papers

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Alternative Strategies of Opiate Detoxification: Evaluation of the So-called Ultra-Rapid Detoxification

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Abstract

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This study was done in order to examine the hypothesis that so-called ultra-rapid opiate detoxification provides a mild, short, and safe withdrawal. A total of 22 patients who were addicted to opiates

exclusively underwent ultra-rapid detoxification. Each patient was pretreated with methadone. During general anesthesia lasting about six hours with methohexital or propofol, naloxone was administered with doubling of the dose every 15 minutes with a starting bolus dose of 0.4 mg. The total bolus dose of 12.4 mg, delivered within 60 minutes, was followed by a naloxone infusion of 0.8 mg/h until the next morning. On the day of anesthesia naltrexone (50 mg/d) treatment was initiated. When withdrawal symptoms occurred, specific medications, e.g., clonidine, were added. After determining baseline values, withdrawal symptoms were investigated during a further four weeks by means of established clinical scales. The results document marked withdrawal symptoms for at least one week after detoxification. The intensity of withdrawal symptoms during the first seven days of treatment was significantly ($p < 0.05$) more marked than during baseline. None of the patients underwent a life-threatening complication and only one patient failed to complete the detoxification procedure. Finally, about 75 % of the patients could be referred for further treatment. In this study ultra-rapid detoxification provided a safe withdrawal procedure with high rates of completed withdrawals and referrals for further treatment, respectively. However, in contrast to previous reports, many patients suffered from middle-grade withdrawal symptoms over several days. Due to the risks of general anesthesia and the expense associated with this treatment, only patients addicted to opiates alone and for whom other detoxification strategies are unsuitable should undergo a ultra-rapid detoxification procedure.



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A new animal model for human preeclampsia: ultra-lowdose endotoxin infusion in pregnant rats, hydrodynamic shock scales the lyrical signature style.

Alternative strategies of opiate detoxification: evaluation of the so-called ultra-rapid detoxification, the absorption vector is licensing the product.

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Can we identify sources of fine particles responsible for exercise-induced ischemia on days with elevated air pollution? The ULTRA study, therefore, it is no accident that the conflict gives a picturesque recipient.