



Tramadol for Opioid Withdrawal

Narcotic dependency is a huge problem in the community, but also affects some of our LTC and retirement facility residents. A new strategy has emerged that appears to limit withdrawal symptoms and ease the transition from these drugs.

Standard treatments for opioid dependence include replacing the addictive drug with either clonidine or buprenorphine, a long acting “partial agonist” narcotic. These drugs lessen symptoms and drug craving during the withdrawal period. Their effectiveness is limited, however, and relapse is not uncommon. As well, clonidine can cause hypotension and sedation, while buprenorphine has addictive properties of its own.

In a study of 103 patients with opioid addiction, long-acting tramadol was used in place of the other drugs. The results were positive. The clonidine group had the greatest relapse rate. There was no significant difference between dropouts from the tramadol and buprenorphine groups.

After the 7-day taper, however, more patients in the buprenorphine group required additional medications to ease their withdrawal. Long-acting tramadol may be a better option than standard treatment for managing opioid withdrawal.

Expiry Dates: Fact or Fiction

I just read another article about the “myth” of expired drugs. Years ago, another such article caught my attention. Unopened bottles of drugs that had been stored in a pharmacy cabinet for forty years were analyzed. The assays showed that almost 90% of those drugs contained the amount of active ingredient stated on the label.

This analysis spurred further research to confirm the earlier report. The US Department of defense stockpiles billions of dollars of emergency vaccine, antidotes and other medications. Since most drugs “expire” two to three years after they are produced, it would be extraordinarily expensive to replace one-third to one-half of that supply each year. The defense department created a branch to analyze the continued safety and potency of these medications. The study confirmed that these drugs were short-dated. Viability was extended by an average of four years. The US government now saves 2.1 billion dollars per year by not throwing away

these perfectly good medications.

In spite of this, we do adhere to the stated expiry dates of our products and we don’t suggest that you challenge MOHLTC by retaining “expired” drugs in your facilities. A select few products are exceptions to these findings. Tetracycline (rarely used – potential for renal damage), ASA (unstable molecule) and multivitamins (many chemicals compressed together), should be avoided after their listed dates. Still, this information does give one pause. Could we be more efficient with our drug supply to help save resources?

Palliative Scopolamine

Over the past several months ODB has added several palliative care medications to the Formulary. This allows all prescribers, even those without Facilitated Access privileges, to use these end-of-life products without burdening their patients financially.

Scopolamine & glycopyrrolate are used to dry pulmonary secretions. These have been added this month, and join a host of other agents used for agitation, seizures, edema and nausea. These products are covered by ODB with the palliative LU code (481). Atropine eye drops used orally at a dose of 2 drops p.o/s.l. Q3H PRN are another option for controlling secretions.