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**IATROGENIC OPIOID DEPENDENCE: MANAGEMENT IN AN ACUTE PSYCHIATRY WARD**

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**INTRODUCTION**

While illegal drug abuse has been recently stabilized in western countries, iatrogenic opioid dependence is increasing. In EEUU, opioid abuse is more prevalent than other legal or illegal drug abuse. Prevention actions and strategies to optimize short and long term treatments need to be outlined.

**OBJECTIVES / AIMS**

Learning to prevent, diagnose and treat iatrogenic opioid dependence.

**METHODS**

We review 9 cases of iatrogenic opioid dependence hospitalized in the Psychiatric department of a general hospital, considering demographic and personal data, treatment patterns and strategies followed. Pubmed bibliographic search was performed.

**RESULTS**

Patients came from different clinical resources (44,4% from pain center, 33,3% from emergency department, 22,22% scheduled admission).

**Nº1:**48-year-old man with dependence to oral codeine (1200mg/day). Maximum methadone dose required (MMR): 30mg/day.

**Nº2:**43-year-old woman with dependence to oral fentanyl (3000mcg/day). MMR:25mg/day.

**Nº3:**50-year-old woman with dependence to fentanyl patches (2,25) and oral tramadol (300g/day). MMR:20mg/day.

**Nº4:**55-year-old woman with dependence to oral oxycodone (60mg/day). MMR:20mg/day.

**Nº5:**39-year-old woman with dependence to subcutaneous meperidine (600mg/day). MMR:25mg/day.

**Nº6:**61-year-old woman with dependence to oral codeine (600mg/day). MMR:15mg/day.

**Nº7:**45-year-old man with dependence to transmucous fentanyl (600 mcg/day). MMR:90mg/day.

**Nº8:**49-year-old man with dependence to oral tramadol (450mg/day). Progressive tramadol withdrawal until suppression.

**Nº9:**38-year-old woman with dependence to transmucous fentanyl (2400 mcg/day). MMR:22,5mg/day.

**CONCLUSION**

Classically, methadone has been the main opioid dependence treatment, as shown in almost all cases exposed. However, new treatments are being developed, e.g. monthly parenteral naltrexone. Opioid dependence treatment must be combined with other substances abuse/dependence or psychiatric comorbidities treatment and psychotherapeutical intervention.