

Opioid Intoxication



OPIUM & OPIOIDS



- ❖ Opiates; class of drugs
- ❖ Opioids: natural & un-natural products of opium
- ❖ un-natural
 - ❖ Synthetic
 - ❖ Semi- synthetics

Opioid Receptors

- **Mu**

- **mu 1** : supraspinal analgesia,sedation,euphoria,prolactin release
- **mu 2** :spinal analgesia,respiratory depression,GI dysmotility,physical dependency, bradycardia,pruritis,GH release

- **kappa (1,2,3*)**:miosis,spinal analgesia,duresis,dysphoria,psychotomimesis

- **Delta (1,2)*** :inhibit release of dopamine,spinal & supraspinal analgesia

- **Nociceptin/Orphanin FQ receptor**

Clinical Manifestations

Therapeutic Effects

- ❖ Analgesia & Euphoria
- ❖ Antitussive

Nontherapeutic & Adverse Effects

- ❖ Abuse & Addiction
- ❖ Hyperalgesia
- ❖ Miosis
- ❖ Gastrointestinal
- ❖ Movement Dis
- ❖ Endocrine
- ❖ Hearing Loss

Toxic & Life-Threatening Effects

- ❖ Respiratory Depression
- ❖ ARDS
- ❖ Cardiovascular
- ❖ Seizure

Pure Agonists_(MU1,2,K)

Morphine

Methadone

Fentanyl

Pure Antagonists_(MU1,2,K)

Naloxone

Naltrexone

Agonists-Antagonists_(K ago,MU anta)

Pentazocine

Partial Agonists_(MU1,2 ago,K anta)

Buprenorphine

- ❖ Morphine
- ❖ Codeine
- ❖ Heroin
- ❖ Oxycodone
- ❖ Fentanyl
- ❖ Methadone
- ❖ Buprenorphine
- ❖ Tramadol
- ❖ Diphenoxylate
- ❖ Loperamide
- ❖ Dextromethorphan
- ❖ Meperidine

Manner Of Poisoning

❖ Accidental

- ❖ Child: opium/ drugs
- ❖ Medication
 - ❖ Underlying disease
 - ❖ Drug interaction
 - ❖ Acid-Base imbalance

❖ Intentional

- ❖ Addict : after quit/ new substance
- ❖ First user
- ❖ Body stuffer or body packer

Presentation

- ❖ Altered mental status
 - ❖ Euphoria, lethargy to coma
- ❖ Pin point pupils
- ❖ Respiratory depression (hypoventilation)
- ❖ Decreased BS
- ❖ Normal or low BP & HR

Opioids Toxidrom (triad)

Pin point pupils

+

Bradypnea

+

LOC

Diagnostic evaluation

- ❖ B.S check
- ❖ CPK (if Hx of prolonged immobilization)
- ❖ CXR; ARDS, ALI, AP
- ❖ EKG; IHD, MTD or propoxyphene toxicity

TREATMENT

- ❖ Early support oxygenation & ventilation
- ❖ Hemodynamic support
- ❖ Opioid Antagonist

The goal of therapy is

Adequate
ventilation

Not normal mental status

Antidotal Therapy

- ❖ Indications
- ❖ Depend on cases
 - ❖ Non-addict person(naïve)
 - ❖ Addicted
 - ❖ Underlying disease
 - ❖ Complicated
- ❖ Narrow half life
- ❖ Few contraindication: IHD/CAD

Doses Of Naloxone

- ❖ Low dose(titrated)
- ❖ Full dose / Response dose/ Bolus
- ❖ Maintenance Dose / Continuous Infusion
- ❖ Rout

Opioid
Overdose

Naive?

0.4 mg

Dependent?

0.04 mg

- ◆ 0.04 mg
- ◆ 0.2-0.4 mg increased(30 sec,3 min)
- ◆ Up to 2mg
- ◆ Even up to 10 mg

◆ Additional Respiratory Depressant

◆ Hypoxic Encephalopathy

◆

Evaluation Redevelopment Of Respiratory Depression

- ❖ Continuous Infusion Of Naloxone

- ❖ Two-Thirds Bolus Dose(12-24h)