

Heroin withdrawal precipitated by Naltrexone

Naltrexone precipitated withdrawals in opioid dependent patients usually occur within 20-60 minutes of ingesting Naltrexone, and lasts about 4 hours. Patients suffering this condition are best observed in an emergency department unless the condition is mild.

The most important part of treatment is to reassure the patient that although the symptoms are severe, they only last a short time. The distress of the withdrawal means that this reassurance needs to be given repeatedly.

Domains in the management of heroin withdrawal precipitated by Naltrexone

Altered mental states

Patients withdrawing become agitated and distressed, and may become delirious and confused. This is usually short-lived. Patients can usually be re-oriented. If they require sedation, rapidly acting benzodiazepines (e.g. diazepam 5 mg qid or midazolam 5-10 mg IM) are the drugs of choice.

Significant fluid loss from vomiting and diarrhoea

Treat by careful assessment of the state of hydration and give either oral or IV rehydration with fluids and electrolytes.

Vomiting with the risk of aspiration

There is an increased risk of vomiting due to withdrawal. Aspiration can occur especially if patients are confused and sedated. If conventional anti-emetics (metoclopramide 10 mg, ondansetron 4 - 8 mg IM) have not been effective and Octreotide (Sandostatin) 100 mcg sc may be effective. Prescribers need to be aware of the PBS guidelines for the more potent anti-emetics.

Sympathetic over-activity of a withdrawal

This is best treated with clonidine 100-150 mcg qid orally or 100 mcg IM, but beware of clonidine's effect on blood pressure especially in a patient with hypovolaemia. This treatment should only be needed for a short period of time.

Risk of death

This occurs either from aspiration, or from respiratory depression either due to over sedation or opioid overdose once Naltrexone effect has worn off. Appropriate close nursing supervision to prevent aspiration is important.

Once the effects have worn off

Ensure that the patient understands the danger of using Naltrexone and heroin in combination. Naltrexone blocks the heroin receptors rendering patients resistant to the effects of heroin. However when Naltrexone is stopped the body over the next 48 hours becomes exquisitely sensitive to heroin and a previous dose which did nothing may this time be fatal.

Disclaimer

This information is a general guide for the management of heroin withdrawal precipitated by naltrexone. Consultation with a specialist drug and alcohol service such as the Drug and Alcohol Clinical Advisory Service (DACAS) is recommended for patients using multiple drugs or with serious medical or psychiatric conditions. Telephone DACAS on (08) 7087 1742. The drug doses given are a guide only and should be adjusted to suit individuals.

For more information

Drug and Alcohol Clinical Advisory Service (DACAS)

Telephone: (08) 7087 1742

24-hour specialist support for advice for health professionals



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