

Accelerated neuroregulation for therapy of opiate dependency

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Abstrak

Penyapihan akut dari penyalahgunaan opioid kronik selama anestesia umum, umumnya disertai gejala akibat keluarnya adrenalin. Makalah ini melaporkan pengalaman kami dalam neuroregulasi yang dipercepat untuk memulihkan ketergantungan fisik dan psikologik. Sesudah pemeriksaan medik dan psikologik yang menyeluruh, 361 pasien pecandu heroin dirawat di ICU selama 24-36 jam, yang mencakup proses pengobatan praprosedur 6 jam (solbutamol, klonidin, diazepam, ranitidin, omeprazol, vitamin C, oktreetid, dan ondansetron). Anestesia dimulai dengan midazolam dan propofol iv dan dipertahankan dengan infusi propofol. Naltrekson, klonidin, oktreetid, dan diazepam diberikan setelah itu. Anestesia dipertahankan selama 3 ½ - 5 jam tergantung pada keparahan gejala-gejala putus obat yang dicetuskan oleh naltrekson. Sesudahnya, analgetik dan sedatif diberikan seperlunya. Sewaktu dipulangkan pada keesokan harinya, pasien diberi resep naltrekson oral selama 10-12 bulan. Detoksifikasi berhasil pada semua pasien tanpa efek samping anestesia yang tidak diinginkan. Efek samping yang dijumpai adalah capai, insomnia, mengantuk, menggigil, nyeri perut, mual, diare, mialgia, bulu roma merinding dan rasa tak nyaman. Pada kebanyakan pasien gejala-gejala ini menghilang tanpa pengobatan. Terapi simptomatik diperlukan pada 32,7% pasien. Pada semua pasien yang menyelesaikan terapi rumatan naltrekson (166 orang) 'craving' menghilang pada bulan ke 10. Masalah utama adalah kepatuhan pasien yang rendah terhadap naltrekson oral, sehingga hanya 45,9% pasien yang menyelesaikan terapi. Kesimpulan: neuroregulasi yang dipercepat yang mencakup terapi pemeliharaan naltrekson (10-12 bulan) sangat efektif untuk detoksifikasi dan untuk menghilangkan craving pada pasien pecandu heroin. (Med J Indones 2004; 13: 53-8)

Acute weaning from chronic opioid abuse during general anesthesia is usually followed by adrenergic outflow effects. This article is to report our experience with accelerated neuroregulation that reverses the physical and psychological dependency. After a comprehensive psychological and medical examination, 361 heroin dependent patients were admitted to ICU to be hospitalized for a full 24 or 36 hours, including a 6 hour pre-procedure medication process (solbutamol, clonidine, diazepam, ranitidine, omeprazole, vitamin C, octreotide, and ondansetron). Anesthesia was induced with midazolam and propofol iv and maintained with propofol infusion. Naltrexon, clonidine, octreotide, and diazepam were then administered. Anesthesia was maintained for 3 ½ - 5 hours depending on severity of withdrawal symptoms precipitated by naltrexone. Analgetics and sedatives were given as needed afterwards. Upon discharge on the following day, patient was prescribed a regimen of oral naltrexone for 10-12 months. All 361 patients were successfully detoxified without any adverse anesthetic events. The side effects encountered were fatigue, insomnia, drowsy, shivering, abdominal pain, nausea, diarrhoea, myalgia, goose bumps and uncomfortable feeling. In most of the patients these symptoms disappeared without any treatment. Symptomatic treatments were needed in 32.7% of patients. In all 166 patients who completed their naltrexone maintenance treatment, craving disappeared in the 10th month. The main problem was the low patient compliance to oral naltrexone, so that only 45.9% of the patients completed their therapy. Conclusion: Accelerated neuroregulation which includes naltrexone maintenance treatment (10-12 months)

was highly effective to detoxify and to abolish craving in the heroin dependent patients. (Med J Indones 2004; 13: 53-8)</i>