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Opioid Withdrawal Delirium - A Case Study

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Abstract: ***Opioid is a psychoactive substance which have been used for analgesic and other medicinal purposes. Continued use of opioid can cause syndromes of abuse and dependence and withdrawal symptoms. Opioid withdrawal symptoms includes muscle cramps, bodyache, rhinorrhea, watering of eye, decrease sleep, Yawing, fever, diarrhea. Opioid withdrawal delirium is rare condition though it is more common in alcohol. Here we are presenting a case of "opioid withdrawal delirium".***

Keywords: Dependence, Substance, Symptoms

1. Introduction

Opioid is a psychoactive substance which has been used for analgesic and other medicinal purposes[1]. Continued use of opioid can cause syndromes of abuse and dependence and withdrawal symptoms[2]. Opioid withdrawal symptoms includes muscle cramps, bodyache, rhinorrhea, watering of eye, decrease sleep, Yawing, fever, diarrhea[3].Opioid withdrawal symptoms usually occurs within 6 to 24hrs after last dose of opioid and subside over 5 to 7 days[4]. Opioid withdrawal delirium is rare condition though it is more common in alcohol[3]. Here we are presenting a case of opioid withdrawal delirium**.**

2. The Case

A 20 year old unmarried man having from urban background was brought to LGBRIMH OPD by his family members for de-addiction purpose as he has history of regular use of heroine in injection form for last 5 years and occasional use of alcohol and cannabis for 1 year. Initially he used to 100-200 rupees worth of Heroine and gradually for last 2 years he increased to 1000-2000 rupees. On the day of admission also before coming to hospital in the morning time he took heroin. For last 2 years he become aggressive and abusive towards his family member while in intoxicated state and when he develops withdrawal symptoms like bodyache, rhinorrhea, decrease sleep. Initially he got money for substance from his own earning but now for last 2 years his work function has diminished and he started to demand money from his family members. Patient has also history of use of alcohol and cannabis in occasional pattern. There is no significant past and family history. His general physical and systemic examinations did not reveal any significant findings. His Mental Status Examination findings reveals his psychomotor activity is increased, unco-operative, not oriented to time, place and person, he is restless, agitated, speech is irrelevant, his judgment and insight is poor. His laboratory investigations are within normal limit. He was diagnosed as a case of opioid withdrawal in delirium and started with tab tramadol 300 mg/day, tab chlordiazepoxide 30mg/day, injection haloperidol 10mg/day and injection promethazine 50mg/day intramuscularly and IVF as he refused to take food. After 48-72hrs his delirium subsided. The oral medication was tapered off over next 14 days and he was started with tab naltrexone 50mg/day and he was discharged.

3. Discussion

Opioid withdrawal delirium is a rare case, usually substance induced delirium is more common in alcohol. Parkar *et al*[5]., reported four cases and Aggarwal *et al*[6] reported one case of opioid withdrawal delirium. In a comparative study on 136 opioid abusers in India and Nepal by Aich *et al*[7].

Raj et al[3] reported a case of opioid withdrawal in delirium without convulsion which is later maintained with tab naltrexone 50mg.

Parker et al[5] reported four cases of opioid dependence, of which 3 cases developed convulsion during detoxification phase and later they developed delirium.

Aich et[7] al in his study of 136 opioid dependence found that patient develops opioid withdrawal delirium and maximum of them are injectable users.

Literature shows that many cases of opioid withdrawal delirium patients are heavy user of opioid and maximum of them are inject able users. Pure form of opioid has fewer chances to develop delirium than the street variety.

In our case though the purity of opioid is not known but the patient is an injectable user and he did not give any history of convulsion.

4. Conclusion

While managing opioid withdrawal cases psychiatrist should be cautious, because it is a rare and life threatening condition. This case report will throw light in this aspect.

References

[1] Sadock, B J.Sadock, VA.; Ruiz, P.Opioid related disorder. Kaplan & Sadock's Comprehensive Textbook of Psychiatry, 9th Edition, 2009.1360-1372
[2] Sadock, BJ; Sadock, VA. Opioid related disorder.Kaplan & Sadock's Synopsis of Psychiatry: Behavioral Sciences/Clinical Psychiatry, 10th Edition.2007.443-450
[3] Raj BN, Manamohan N, Hegde D, Huded CB, .Pradeep J. A rare case of complicated opioid withdrawal in delirium without convulsions. Indian J Psychol Med 2017;39:191-3
[4] Kay J.Tasman A. Substance Abuse-Opioid use disorder. Essentials of Psychiatry.2006.478-450
[5] Parkar S R, Seethalakshmi R, Adarkar S, Kharawala S. Is this 'complicated' opioid withdrawal?. Indian J Psychiatry 2006;48:121-2
[6] Agrawal A, Diwan SK, Mahajan R: Severe delirium following single dose of tramadol. Indian J Med Sci 2009; 63:80–81
[7] Aich TK1, Saha, Ram D3, Ranjan S4, Subedi S5 J Psychiatrists‟ Association of Nepal Vol .2, No.2, 2013