

•

(UROD)

*

:

UROD

UROD

مجله علمی ابن سینا / اداره بهداشت و درمان نهاجا (سال ۹، شماره ۲، پاییز ۱۳۸۵، مسلسل ۲۳)

*

:

.

Blachley

.

[]

[]

[]

.

:

(induction)

[]

[]

UROD

(ultra rapid opiate detoxification)

.

(deep sedation)

[]

.

:

UROD

[]

:

:

.

.

.

()

.

[]

μ

:

[]

(

(Dexmedetomidine) .[]

(AST,ALT)

() .

(stimulants)

UROD

. []

[]

:

[]

CVA

ECG)

: (

EEG

.(

[]

(propofol)

. []

:

UROD

. []

(thiopentale)

ICU)

(

.

.

ICU

. []

. []

UROD

(nalmeferene)

:

.

UROD

:

(piloerection)

:

HIV

ECG

CXR

HCV HBV

. []

:

:

UROD : UROD

[]

[] (Dyer)

:[]

UROD

UROD

[]

VIP

UROD

[]

% %

[]

%

QT

(bigeminal)

[]

[]

)

[]

(

UROD

UROD

UROD

:

[]

UROD

:

UROD

1. Sunatrios. A new approach in the therapy for opiate dependence: Ultra rapid opiate detoxification & naltrexone treatment. J of Indonesian med association, 2002; 3: 295-306.
2. Singh J, Basu D. Ultra rapid opiate detoxification: Current status & controversies. J of postgraduate medicine, 2004 july-sep; 50(3): 227-232.
3. Jaffe JH, Jaffe AB. Opioid related disorders, in: Sadock BJ, Sadock VA, eds. Comprehensive textbook of psychiatry. 7th edn. Newyork, lippincott William & wilkins, 2000; p: 1038-63.
4. Eharney DS, Heninger GR, Kleber HD. The combined use of clonidine & naltrexone as a rapid safe & effective treatment of abrupt withdrawal from methadone. Am J psychiatry, 1986; 143:831-7.
5. Gevritz C. Anesthesia assisted opiate detoxification. Int anesthesiol clin, 2003; 41: 79-93.
6. Dole VP, Nyswander M. A medical treatment for diacetylmorphine (heroin) addiction. Jama, 1965; 193: 646-50.
7. Kurland AA, Mccabel. Rapid detoxification of the narcotic addict with naloxone hydrochloride: A preliminary report. J clin pharmacol, 1975; 16:66-74.
8. Blanchley P, et al. Rapiddetoxification from heroin & methadone using naltrexone: A model for the treatment of the opiate abstinence syndrome. In: Senay E, Shirty V, Alkene H. Development in the field of drug abuse. Cambridge MA. Schenkman publishing Co, 1975:327-36.
9. Loimer N. Continuous naloxone administration suppresses withdrawal symptoms in human opiate addicts during detoxification treatment. J psychiatry res, 1989; 23:81-9.

10. Javier alvarez F, Carmen delrio M. ultra rapid opioid detoxification: A look at what is happening in spain. *Addiction*, 1999; 94: 1239-40.
11. Bell J, Kimber J. Guidelines for rapid detoxification from opioids. *Nsw health*, circular No 2001/17 file No 0011287, issued on 23 feb 2001.
12. Legarde JJ, Gossop M. A 24 hour inpatient detoxification programme for heroin addicts: A preliminary investigation. *Drug alcohol depend*, 1994; 35:91-3. 11
13. Lorenzi P, Marsili M. Searching for a general anesthetic protocol for rapid detoxification from opioids. *Eur J anaesthesiol*, 1999; 16: 719-27.
14. Stine SM, Kosten TR. Use of drug combinations in the treatment of opioid withdrawal. *J clin psychopharmacol*, 1992; 12:203-9.
15. Hensel M, Kox WJ. Safety efficacy & long term results of a modified version of rapid opiate detoxification under general anesthesia: A prospective study in methadone, heroin, codeine & morphine addicts. *Acta anesth scand*, 2000; 44:326-33.
16. Steel E, Dan B. Interference with withdrawal signs of naloxone induced opiate withdrawal under anaesthesia is anaesthetic specific in opiate dependent rats. *Life sci*, 2001; 70: 517-22.
17. Kienbaum P, Scherbaum N. Accute detoxification of opioid addicted patients with naloxone during propofol or mathohexital anesthesia: A comparison of withdrawal symptoms, neuroendocrine, metabolic & cardiovascular patterns. *Crit caremed*, 2000; 28: 969-79.
18. Pfab R, Hirtic, Zilkert. Opioid detoxification under anesthesia: No apparent benefit but suppression of thyroid hormones & risk of pulmonary & renal failure. *J pharmacol clintoxical*, 1999; 37: 43-50.
19. Kaye AD, Gevritze. ultra rapid opiate detoxification: A review. *Can J anaesth*, 2003; 50:663-71.
20. Dyer C. addict after rapid opiate detoxification. *BMJ*, 1998; 316:170.
21. Loimer N, linzmayer L, Grunberger J. comparison between observer assessment and self rating of withdrawal distress during opiate detoxification. *Drug alcohol depend*, 1991; 28:265-8.

Ultra rapid opioid detoxification

Abstract:

Opioid dependence has recently been considered as a social issue as well as a physical disease which requires treatment on its own turn. At present there are numerous methods for opium detoxification. The fastest method is UROD. In this approach the patient undergoes general anesthesia or sedation and is detoxified using opioid antagonists during 6-8 hours. Though sometimes associated with certain unwanted side effects, this approach has been recognized as a convenient one due to advantages such as: short time required for treatment, complete detoxification, total patient unconsciousness when painful withdrawal symptoms occur, quick recovery and return to daily activities and short interval between the last episode of opioid abuse and initiation of maintenance therapy with oral opioid antagonists. This article covers a review of literature, indications, contraindication, methodology, side effects, advantages and disadvantages of the UROD method. Additional researches with a larger number of samples which increase the validity of the research issue will change the above mentioned approach to an ideal method of detoxification.

Khosravikia A, M.D.

Dezfoul air force hospital

Key words: Ultra rapid opioid detoxification, Withdrawal syndrome, General anesthesia