

Guidelines for dealing with opioid dependent clients

Christmas is approaching and whilst the majority of us will enjoy a merry and healthy festive season, there might be people struggling with opioid withdrawal presenting at your local Practice. Cambridgeshire Harm Reduction Group provide the following guidance to help local GPs and pharmacies recognise the symptoms and deal with the issue.

Physical and psychological symptoms of opioid withdrawal:

- Objective - lacrimation, rhinorrhoea, yawning, coughing, sneezing, dilated pupils, nausea/ vomiting, piloerection, runny nose, raised blood pressure, increased pulse, cool and clammy skin, diarrhoea, fine muscle tremor.
- Subjective – restlessness, irritability, anxiety, sleep disorder, fatigue, depression, drug craving, abdominal cramps.

Onset and duration of symptoms:

- Beginning 8 hours from last opioid use (peak within 36-72 hrs) – anxiety, fear of withdrawal, yawning, dilated pupils, nausea/vomiting, chills, piloerection, mild tachycardia and/or hypertension, abdominal cramps, muscle cramps, excessive sweating, diarrhoea.
- Beginning 12 hours from last opioid use (peak at 72 hrs) – piloerection, dilated pupils, anxiety, irritability, restlessness, mild-moderate insomnia, tremor, mild tachycardia and/or hypertension, abdominal cramps.
- Beginning 24 – 36 hours from last opioid use (peak at 72 hrs) – abdominal cramps, diarrhoea, muscle cramps, muscle spasms (especially in lower extremities), nausea, vomiting, diarrhoea, severe insomnia, violent yawning.

Please note:

- Methadone withdrawal may take longer to manifest clinically (24-48 hours from last dose) than withdrawal from other opioids, but could persist for up to 2 - 3 weeks longer.
- Physical withdrawal symptoms of opioids generally tend to resolve by 5 – 10 days.
- Psychological withdrawal symptoms such as dysphoria and insomnia may last weeks or even months.
- Opioid withdrawal is not life threatening in otherwise healthy individuals. However, the risk of serious medical complications is higher in pregnant women and neonates. These individuals should seek immediate medical help.

Guidelines & recommendations for treating symptoms of withdrawal:

- Nausea and vomiting – e.g. metoclopramide or prochlorperazine.
- Diarrhoea – e.g. loperamide.
- Muscle pain – e.g. ibuprofen or diclofenac.

Please note:

- Do not commence individuals on opioid replacement treatment without consultation with specialist substance misuse services
- Do not prescribe opioid based pain relief.
- Do not prescribe benzodiazepines.