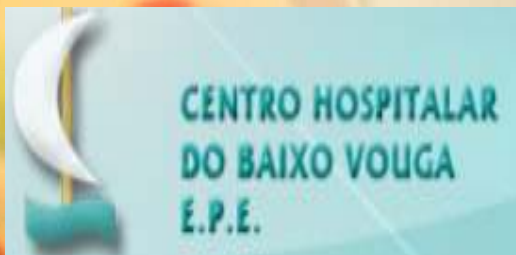


Hydromorphone Overdose in a Patient with Chronic Noncancer Pain

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INTRODUCTION

Opioid use in cancer, intraoperative and postoperative pain is undisputed. However, their use in long-term **chronic noncancer pain (CNCP)** management is controversial. Major concerns are effectiveness, addiction potential and safety¹. The case presented is a reminder of this problematic.

CASE REPORT

We report a case of 75 year old male, seen at the Chronic Pain Unit (CPU) since 2008 with **Chronic Low Back Pain** due to **bone degenerative disease**:

- He was submitted to several back surgeries without pain improvement.
- In 2012 was diagnosed with **Failed Back Surgery Syndrome**.
- Throughout the years several methods for pain control were attempted, **not always with the patients full cooperation** given his constant search for fast and total absence of pain. The methods used included several systemic opioids and **in 2 different occasions** the patient was diagnosed with **opioid abuse** presenting with prostration, without the need for further intervention. The scheme that best suited this patient included the use of fast and short acting opioids (sublingual fentanyl).

The patients' medical assistant was changed, and the new one decided to change to hydromorphone 64mg (x2/day):

- Two days after this new scheme he was admitted to the emergency with **opioid intoxication**: he had taken 6 pills of hydromorphone 64mg in one day. He was sleepy, reactive only to verbal stimuli, disoriented, bradypneic. He was given naloxone and was discharged on the 2nd day.

After an intense effort from the CPU staff to help him understand what happened and learn how to manage his pain, he has been kept on tapentadol 100mg 2id, paracetamol 1g 3id, paroxetine and mirtazapine with relatively good pain control.

DISCUSSION

About opioid use in Chronic Noncancer Pain (CNCP):

- its' use has grown exponentially in the past years *despite limited scientific evidence to back it up*.
- Simultaneously, there was a considerable increase in opioid abuse and in deaths related to prescribed opioids.
- Revision studies show little evidence in efficacy of long term opioid use for CNCP and consider inconclusive its' impact in quality of life (QoL) and in function.²

LEARNING POINTS

This case serves as an alert for this matter and demonstrates the fine line between opioid use for QoL improvement and its' abuse, reminding the medical community of the need for studies to clarify the role and safety profile of opioids in long term CNCP management.

REFERENCES

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