

Der Antagonist-induzierte-Narkose-gestützte Opiat-Schnellentzug (AINOS) Riskant und Vorteile nicht bewiesen

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Evaluation of the efficacy and safety of the antagonist - induced, anesthesia supported rapid opiate withdrawal procedure.

The hope for painless withdrawal from opiates has led to inducing an opiate withdrawal under general anesthesia using opiate antagonists. According to several authors this withdrawal can be achieved within twelve hours. After terminating the general anesthesia of six hours the continuous application of opiate antagonists is used to avoid a rebound of withdrawal symptoms. We intended to test the efficacy and safety of this procedure in fifteen opiate addicts. **Method:** In five patients dependent from methadon, four patients dependent from dihydrocodein and three from heroin dependent patients the objective and subjective withdrawal symptoms were daily documented on different withdrawal scales. Every day the urine was analyzed for presence of opiates. Withdrawal was finished, when no withdrawal symptoms were present and the urine was free of opiates. A six hours lasting general anesthesia was performed with propofol and midazolam. At the beginning 0,2 mg/kg Naloxone was given i.v. and 50 - 100 mg Naltrexon enterally. Four patients received Naltrexone after anesthesia. **Results:** The study had to be called off after the twelfth patient because of unexpected complications in three cases. Twice we had to deal with compensated kidney failure, once with a respiratory distress syndrome which had to be treated by mechanical ventilation for 35 days. After anesthesia all 11 evaluable patients showed marked opiate withdrawal symptoms which lasted several days. The patients were not clean after anesthesia and the withdrawal was never completed in less than four days. **Conclusion:** This method is not applicable for rapid symptomless opiate detoxification. Serious side effects cannot be ruled out.