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Reduction of opioid-withdrawal symptoms with quetiapine.

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Author information

Abstract

OBJECTIVE: To determine the utility of quetiapine in a population undergoing ambulatory detoxification from opioids.

METHOD: Medications utilized in our outpatient clinic for opioid withdrawal were evaluated for quality-assurance purposes. The treatment regimen generally included clonidine, hydroxyzine, trazodone, diphenoxylate/atropine, and sometimes chlorthalidone. Patients were also initially given eight 25-mg tablets of quetiapine and instructed to take 1 or 2 tablets every 4 hours as needed for symptoms of withdrawal or craving (with a maximum daily dose of 200 mg). Data were based on patient evaluations from June 2003 to June 2004.

RESULTS: 41% of all patients (N = 213) successfully completed the detoxification phase of the program (i.e., completed at least 5 days of abstinence). A medication questionnaire was instituted for quality-assurance purposes after some apparent initial success with quetiapine. A retrospective analysis of these data revealed that, of the 107 patients evaluated for medication response, 79 reported that quetiapine helped reduce craving for opioids, 52 reported that quetiapine helped reduce their anxiety, 24 reported a reduction in somatic pain, 22 reported that quetiapine helped alleviate insomnia, and 14 reported an improved appetite. Four individuals did not feel quetiapine had any benefit, and another 7 were unable to tolerate quetiapine because of side effects. The quetiapine dose used ranged from 25 to 600 mg/day (mean +/- SD dose = 206 +/- 122 mg/day).

CONCLUSIONS: Quetiapine use during opioid cessation was found to help abate symptoms of opioid withdrawal in our patient population and was generally well tolerated.

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