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PRINCIPLES OF ANALGESIC EFFECTS OF OPIOIDS AND DEPENDENCE OF OPIOIDS (F.E. TRAMADOL)

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German epidemiological data (Poser and Havemann-Reinecke 2002) showed 12% of all addicted treated patients in Lower Saxony being dependent from prescribed opioid analgesics.

Here we report new clinical data of 150 patients being treated because of dependence on the opioid analgesic tramadol. The documents of these patients were evaluated to social-, family-, pain- and addiction development - data, psychiatric and somatic diseases; suicidality, source of tramadol (prescription: "legal", black market: "illegal"), withdrawal symptoms, therapy.

Results: of 140 patients (P) 123 P (88%) were "legally" dependent on tramadol (51% f, 49 m), 17 P (12.%) "illegally" dependent (54% f, 47% m). The ages of "legally" dependent P were: 20-30J: 7%; 30-40J: 16% ; 40-50J: 24%; 50-60J: 21%; 60-70J: 19%; 70-80J: 14%. In the group of "legally dependent" patients 20% were medical staff (16% nurses, 4% medical doctors), and 16% had academic professions; 19% reported an addiction disease of the parents (mostly of alcohol), 16% another psychiatric disease of the parents. 75% of the "legally" dependent patients suffered from depression, 40 % had performed suicidal trial(s), 53% have had a somatic disease before the intake of tramadol, 17% after the treatment of tramadol dependence. 69% suffered from pain before intake of tramadol (22% disc/ back, 15% megrim/ head, 5% tooth, maxillary sinus, 6% pancreas, 4% legs, 2 % abdomen, bile), 22% had no experience of pain before first intake of tramadol. 76% of the pain-patients were also ill with depression. Seizures were documented in 23% of all patients with tramadol dependence/withdrawal as cause.

Conclusion: Pain, depression and pain, somatic diseases, previous addiction diseases, psychiatric family history, being a member of medical staff increase the risk to develop dependence to prescribed tramadol. Tramadol dependent patients show a high rate of suicidal trials and of seizures. Different therapies are under evaluation. Data will be discussed with respect to pathophysiological principles of analgesic and addiction effects of opioids.