

Longterm effects of opioids

Victorian Opioid Management ECHO
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UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES



Multiple system effects

2018



Gastrointestinal tract

Dry mouth > dental decay increased (nb. Not direct effect *per se* of methadone or other opioids)

Nausea (~25% of individuals on chronic opioids) Vomiting

Abdominal cramping / bloating

Constipation (~50% of individuals on chronic opioids)

Stimulation of the kappa and mu opioid receptors in the GIT

Nb. Tolerance to this can develop in some individuals

Often refractory to stool softeners and laxatives

Severe cases develop bowel obstruction > hospitalisation

Distress: impacts QOL ED, Primary care, physician visits



Respiratory

Chronic opioids associated with sleep disordered breathing Dose dependent

Up to 75% of patients on chronic opioids (c.f. ~20% of gen populn):

- Irregular breathing (irregular pauses, periods of apnoea)
- Central sleep apnoea (one study suggested ~ one third of patients on methadone)
- Hypoxaemia (~10% of patients) Carbon dioxide retention

May present as insomnia or 'trouble sleeping'

Nb. Combination with other CNS depressants

Dangerous triad of respiratory depression, bradycardia and hypotension in opioid OD See next slide...



Cardiovascular

Prolonged QT interval with methadone and oxycodone

Usually with:

methadone doses of more than 100mg OMEDD 150mg/day (eg 100mg oxycodone)

Also other risk factors eg advanced age, electrolyte abnormalities, bradycardia, heart disease (CCF or ischaemia), congenital long QT syd, medications which increase QT

Complications of obstructive sleep apnoea and other respiratory disturbances



Neurological

Hyperalgesia – excess sensitivity to pain

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Metabolic



Interaction of chronic opioids with endocrine system:

hypothalamic-pituitary-adrenal axis

Opioids influence the release of every hormone from anterior pituitary

Weight gain is common

Hypogonadism (decreased gonadotrophin releasing hormone)
Irregular menses common in women
Testosterone deficiency

Reduced sexual desire

Osteoporosis ... see next slide



Musculoskeletal effects

Osteoporosis

Increased fracture risk (1.5 times increased risk)

Especially older age person

Combination of factors – sedation/decreased alertness, osteoporosis, confusion etc



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