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Tramadol dependency leading to severe Opioid Use Disorder

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Dear Editor,

Tramadol is a synthetic opioid most prescribed for post-surgical pain and/or moderate to severe pain[1]. In Pakistan the drug is prescribed quite liberally and can also be purchased over the counter without a prescription. Tramadol is classified as a weak opioid and is widely considered as having low potential for addiction and dependence[2]. The consensus view of most opioid addiction studies suggests that weak opioids like tramadol are usually the starting point of developing serious opioid use disorder (OUD), ultimately leading to morphine and heroin[3].

33-year-old male patient, with no documented preexisting medical conditions, presented to the outpatient department with complaints of severe myalgias, nasal congestion, shivering and chills, lethargy, anhedonia, and insomnia. The patient had reportedly been treated for a twisted ankle some two and a half years ago, an injury that he sustained while playing football. He was given a prescription of tramadol/paracetamol [37.5/325 mg] to be used every 8 hours for one weak. Patient's pain subsided after a week, and he stopped taking the medication. A month after stopping the drug, he acquired the medication over the counter and started taking the pills occasionally. According to the patient he liked how the drug made him feel and helped him fall asleep after a stressful day at work. Soon, he started taking tramadol every night, gradually increasing the dose to achieve the same effect. A year later, he was taking 300-400 mg of Tramadol daily. Patient usually took around 200-300 mg at night and 50-100 mg in the afternoon.

After about a year, the patient started experiencing a myriad of other medical problems like, erectile dysfunction, decreased libido, sleep disturbance, lack of motivation, and loss of focus and concentration. While the other symptoms were rather constant, erectile dysfunction only seemed to occur 2-8 hours after taking tramadol. At this point he realized that all these problems may be caused by tramadol. Over the next 12 months he tried multiple times to stop taking tramadol but failed every time due to overwhelming withdrawal symptoms. He did manage to curtail his daily intake to 200-250 mg over the

preceding 6 months or so. Patient reported that the longest he had ever gone without the drug was 43 hours, but the discomfort was so severe that he had to take the drug again.

At the time of presentation, the patient was 36 hours abstinent and had already developed unbearable withdrawal symptoms. After a detailed history and physical examination, his Clinical Opiate Withdrawal Scale (COWS) score was determined to be 21. Patient did not consent to in hospital management, was not willing to go to a drug rehabilitation centre and wished to be treated on outpatient basis. After permission from the patient, his wife was involved in the treatment and counselling plan. Every prescribed dosage of tramadol was dispensed by the patient's wife.

Due to non-availability of drugs recommended for the management of opioid withdrawal, it was decided to treat the patient by tapering off the dose of tramadol gradually. Patient was followed for a period of 5 months on biweekly basis. COWS score calculation was done on every other visit. It was noted that on each visit, COWS score improved progressively (7, 10, 6, 6, 8, 4, 6, 9 and 2). On each visit, dose reduction was done progressively to the maximum extent whilst trying to keep withdrawal symptoms at a minimum. A month after having stopped tramadol, the patient reported substantial improvement in most of his symptoms. Sleep and hygiene had improved, energy level was slightly better, there were no complaints of erectile dysfunction, and mental state was much better.

This case has reemphasised the importance of cautious prescription writing and reiterates the need for implementation of rules and regulations on dispensing medications in pharmacy. Opioids should be only prescribed after any history of drug abuse is ruled out and should only be prescribed in clinically legitimate cases. Over the counter sale of opioids should be banned permanently and more importantly, it should be made sure on the end of pharmacy that no such dispensing be done that is against the rules and regulations. The public in general should also be educated about the safe use of such medications.

Declarations of Conflicts of Interest:

None Declared.

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