

NTX implants: state of play

N Lintzeris
SSWAHS, USyd

Controlled studies

Kunoe et al 2009; Hulse 2009

- Do they work?
 - They work better than 'placebo'
 - Not magic bullets: considerable proportions continue to use opioids & other drugs
- Are they safe?

Safety issues seen with NTX implants

- Immediate problems related to ROD & implantation
- Implant wall problems: infected / sterile abscess & local implant side effects
- Side effects to NTX: mood, abdo symptoms
- Problems with analgesia
- Overriding NTX with other drug use

Case series 12 hospital admissions with NTX implants

Lintzeris et al 2007

- 8/12 cases directly related to NTX implant
 - 6 cases presented with severe opiate withdrawal & dehydration
 - 1 case abdominal wall abscess: 10 weeks after NTX implant requiring surgical excision.
 - 1 case suicidal ideation and relapse anxiety disorder 1/52 after implant. PECC for 3 days
 - Average hospital admission: 2.5 days (range 1-6)
- 4 cases unlikely or unrelated to NTX implant
 - 3 cases complicated analgesia in unrelated condition. Standard opioids (morphine, oxycodone) ineffective. Better analgesia through NSAIDs, tramadol, ketamine
 - 1 case cardiac arrhythmia in patient using IV cocaine

6 cases of severe dehydration 2° to persistent opiate withdrawal

- ROD and NTX implant inserted in private rooms.
- Presentation
 - Almost immediate severe opiate withdrawal (vomiting, diarrhea, abdo cramps, agitation, lethargy, body aches)
 - Not tolerating fluids or oral symptomatic medications
 - Presented ED 1 or 2 (up to 4) days after implant, in distress with severe dehydration (e.g. elevated urea, creatinine, electrolyte disturbances).
- Management
 - All patients required IV fluids and electrolyte stabilization, staying on average 2.3 days (range 1-5 days) as inpatients.
 - One case admitted to ICU with acute renal failure.
 - Vomiting usually persisted for days, despite parenteral anti-emetics (octreotide, *ondansetron*, metoclopramide).
 - A range of symptomatic withdrawal medications (hyoscine, BZDs, clonidine).
- Patients discharged on average 4.2 days (range 2-6) after implant. 2/6 DAMA

Problems with analgesia

O'Brien & Cody 2006

- Case 1.
 - 28-year-old man, chest & pelvic injuries MVA. On morphine infusion & responsive.
 - Implant placed 3 months earlier, but had only a 6-week duration of effect and had expired. His intensive care course was unaffected.
- Case 2.
 - 24-yearold man, stabbed in chest. Implant recently placed & markedly opioid insensitive.
 - Propofol, tramadol and paracetamol effective.

Conclusions

- “These severe adverse events challenge the notion that naltrexone implants are a safe procedure and suggest a need for careful case selection and clinical management, and for closer regulatory monitoring to protect this marginalised and vulnerable population”.
- Lintzeris et al MJA 2008; 188: 441–444

Chapter Addiction Medicine

Position unlicensed NTX products

1. Unlicensed treatments should generally be reserved for clinical trials, or only be considered as a '2nd -line' option for patients with life-threatening conditions not responding to conventional treatment;
2. Adequate informed consent procedures;
3. Specialist patient assessment and care of patients;
4. Continuing independent research to establish safety, efficacy & cost effectiveness.
5. Need robust mechanisms for monitoring safety, appropriateness, & effectiveness of treatment with unlicensed products, including a process of case review by relevant professional & regulatory groups.