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"TILL PETHIDINE DO US APART"; ADDICTED HEALTHCARE PROFESSIONAL COUPLE

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ABSTRACT

Pethidine (Meperidine) is a synthetic opioid analgesic of the phenylpiperidine class. Since 1940'ies, addictive potential of pethidine was documented in many reports. Pethidine addiction is also common among medical doctors and nurses. We present clinical features and treatment response of a married couple, a gastroenterologist and a nurse who were admitted with pethidine addiction. A 34-year-old male (a gastroenterologist) and a 26-year-old female (a nurse) married couple were admitted to clinic with the use of pethidine intravenously. While male patient refused treatment, female patient continued her treatment in inpatient service. Healthcare professionals have to be cautious while using and prescribing drugs with addiction potential. Surgeons, anesthesiologists, gastroenterologists psychiatrists and surgical nurses are the risk groups for dependency among those professionals.

Keywords: Pethidine, meperidine, addiction, medical doctors

ÖZET

Petidin, fenilpiperidin sınıfından sentetik bir opioid analjeziktir. 1940'lı yıllardan bugüne, petidinin bağımlılık potansiyeli pek çok yayında belirtilmiştir. Petidin bağımlılığı tıp doktorları ve hemşireler arasında sık görülmektedir. Biz, petidin bağımlılığı olan gastroenterolog ve hemşire evli bir çiftin klinik özelliklerini ve tedavi yanıtlarını sunuyoruz: 34 yaşında erkek (gastroenterolog) ve 26 yaşında kadın (hemşire) evli çift damar içi petidin kullanımı nedeniyle başvurdu. Erkek hasta tedaviyi reddederken, kadın hasta yatarak tedaviye devam etti. Sağlık profesyonelleri bağımlılık potansiyeli olan ilaçları reçete ederken ve kullanırken dikkatli olmalıdır. Sağlık profesyonelleri arasında cerrahlar, anestezistler, gastroenterologlar, psikiyatristler ve cerrahi hemşireleri bağımlılık açısından riskli gruplardır.

Introduction

Pethidine (Meperidine) is a synthetic opioid analgesic of the phenylpiperidine class (1). It provides analgesia for most pain syndromes by interacting with opioid receptors, mostly μ, at central nervous system (2). Although prescription of pethidine had been lowered due to its important side effects, pethidine was the most widely used opioid analgesic in the United States, prescribed by approximately %60 of physicians for acute pain and by %22 for chronic pain (3). Since 1940'ies, pethidine's addictive potential was documented in many reports. Patients who were exposed to pethidine maintained that they did not wish to live without it (4). Pethidine addiction is also common among medical doctors and nurses. Isbell and White reported that addiction among doctors and nurses was so high that it could justifiably be called the doctors' and nurses' addiction (5). In recent years, prescribed drugs are the second most used substance after alcohol among healthcare professionals (6).

We present clinical features and treatment response of a married couple, a gastroenterologist and his wife also working as a nurse who were admitted with pethidine addiction.

Case

A 34-year-old male patient who was working as a gastroenterologist in his private clinic was admitted to our outpatient addiction clinic with the use of pethidine intravenously 20-30 ampoules per day (2000 mg) for almost two years. He used pethidine, during a renal colic for the first time which was two years before his admission. In his private clinic, pethidine was used for interventional procedures like endoscopy. Instead of consulting with a physician or urologist, he used pethidine almost for one month intramuscularly, he continued this misuse because of pethidine's euphoric and sedative effects. In the last six months, pethidine usage had switched from intramuscular to intravenous use and the dose increased from 2-3 ampoules to 20 ampoules per day. During his physical examination, soft tissue infection on his forearms was remarkable. His psychiatric, neurologic and other systemic examinations were normal. Laboratory investigations revealed an increase in sedimentation rate and C-reactive protein. He didn't accept to be neither an inpatient for addiction treatment nor referred to a specialist for his soft tissue infections. His wife, working as a nurse in his clinic, also was admitted to our outpatient clinic with his husband. She was a 26-year-old female patient, working as a nurse for four years. She strongly opposed his wife's pethidine misuse after she had witnessed. Three months before admission, she had injured both of her shoulder joints while trying to help her passed-out husband during pethidine injection. She also refused to visit a physician or an orthopedist like her husband and used 10 mg pethidine and 75 mg diclofenac sodium intramuscularly. Although her pain had relieved after one week, she continued pethidine two or three ampoules (20 -30 mg) per day intravenously. Her functionality also gradually reduced, she no longer worked properly. Her psychiatric, neurologic and physical examinations were normal during admission. She agreed to have treatment and stayed in female inpatient service. 200 mg Flurbiprofen per day had been prescribed for three days, reduced for a week and discontinued. She was consulted with orthopedy and was directed to physiotherapy for her shoulders. Psychotherapy and addiction education were introduced during her inpatient treatment, also continued after discharge. 1 mg risperidone was prescribed for impulsivity. Two weeks after her discharge, she was good on treatment, used her prescribed drug properly and visited her psychologist once a week. Her husband refused the treatment, continued pethidine. She began to live with her parents.

Discussion

Society expects continuous and high-quality service from doctors and nurses. While providing this service, an unexpected burden would accompany it. Medical doctors usually tend to solve their medical problems by themselves. These medical problems might be physiological or mental. At this point, the appropriate medical approach has to be maintained. Doctors and nurses must seek treatment from professionals, as they suggest to their patients; not by themselves.

Healthcare professionals have to be cautious while using and prescribing addictive drugs. Surgeons, anesthesiologists, gastroenterologists psychiatrists and surgical nurses are risk groups for dependency among those professionals. It is essential that those risk groups have to learn the signs and symptoms of addiction. While governments and health policy forming units develop better ways for controlling drugs with addiction potential, we also have to take care of each other. Also, married couples among doctors and nurses have to be cautious about inappropriate use of addictive drugs, especially benzodiazepines and analgesics with addiction potential.

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