

Clinical trial looks at tramadol for opioid withdrawal

12 July 2017

A randomized clinical trial published by *JAMA Psychiatry* compared tramadol extended-release with clonidine and buprenorphine for the management of opioid withdrawal symptoms in patients with opioid use disorder in a residential research setting.

Opioid use disorder is a public health problem that has contributed to unprecedented levels of overdose deaths. Detoxification - or medically supervised withdrawal - is a widely used treatment for opioid use disorder. However, failing to adequately manage opioid withdrawal symptoms can contribute to people leaving treatment.

Clonidine and buprenorphine are two medications widely used to manage opioid withdrawal. Tramadol hydrochloride is a promising alternative option for effective opioid use disorder treatment, according to the article.

Kelly E. Dunn, Ph.D., of the Johns Hopkins University School of Medicine, Baltimore, and coauthors conducted a [randomized clinical trial](#) in a residential research setting with 103 patients, mostly men, with opioid use disorder. During a seven-day taper, clonidine, buprenorphine or tramadol hydrochloride extended-release, which is an approved analgesic with low abuse potential, were used.

The clinical trial showed tramadol extended-release suppressed withdrawal more than clonidine and was comparable to buprenorphine during a residential tapering program, according to the article.

The study notes some limitations, including a primarily male sample and a lack of specific information regarding past 30-day use of other illicit drugs and alcohol.

"These data suggest that tramadol ER is a promising and valuable medication for the

management of opioid withdrawal in patients undergoing treatment for OUD [[opioid use disorder](#)]. Future studies should evaluate whether relapse varies following supervised withdrawal with tramadol ER vs. other medications and whether [tramadol ER](#) can be used to transition patients to naltrexone [treatment](#)," the article concludes.

More information: *JAMA Psychiatry* (2017). doi:10.1001/jamapsychiatry.2017.1838

Provided by The JAMA Network Journals

APA citation: Clinical trial looks at tramadol for opioid withdrawal (2017, July 12) retrieved 4 July 2022 from <https://medicalxpress.com/news/2017-07-clinical-trial-tramadol-opioid.html>

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