

Should Pharmacological Treatment for  
Adolescents with Opioid Dependence  
Differ from that for Adults?

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The 17-year-old female patient presented herself for the first planned inward treatment. She reported having smoked Cannabis since the age of 13 years. At the age of 15 she smoked Heroin for the first time, and she did so (2 to 3 g daily) until the beginning of her substitution treatment five months ago with 80 mg L-Polamidon which she received from a general practitioner. In contact cautious, visibly excited and a sad basic mood she wished a detoxification treatment and subsequent psychotherapy.

She was born in Iran. The father was a professional bodybuilder and was murdered in 2002 there. The 45-year-old mother had a fitness club in Iran. The patient immigrated to Turkey at the age of ten together with her mom and 18-year-old sister. Her mother and her sister still lived in Turkey. She reported in good English about the separation from her mother after beginning to work with 13 years. At the age of 15, her uncle from Iran met her and lured her into an apartment. Against her will he married her with his son, her cousin. He mistreated her and after month she had succeeded in escaping, come to Germany via Greece. Living in a girls' home for five months she was attending school, showing good achievements and liked to be an ergotherapist, because she love to work with her hands, paint and do yoga.

The treatment was carried out at our youth addiction ward, which works in the interdisciplinary team according to a multimodal concept and is divided into the two-week qualified withdrawal and a following treatment of the comorbid psychiatric disorder. The dose of L-Polamidon was gradually and blinded reduced with marked withdrawal symptoms (pain, dizziness, muscle stiffness, perspiration, restlessness, increased irritability). We applied overlapping Diazepam 10 mg to reduce withdrawal symptoms and further on Quetiapine 200 mg per day for mood stabilization. Intensive motivation talks were necessary to counter the ambivalence and the resulting abortive thoughts. In contact with young patients and staff she proved to be cautious and reserved. The young patient complained above lack of feelings, mood depression and numbness. At all times, she was clearly distant from suicidal tendencies. Towards the end of the four week treatment patient increasingly pushed for more responsibility and testing of abstinence and previously planned transfer to the day clinic took place.

Her symptoms showed significant proportions of a posttraumatic stress disorder which led to "self-medication" with opioids. The loss of her family and migration status forced her to inadequate responsibility and led her to early Cannabis.

Given their special treatment needs, adolescents with opioid dependence often benefit from special health services aimed directly at them [1]. According to the clinical practice guideline about long-term use opioid analgesics should only be given in exceptional cases to children and adolescents [2]. But should pharmacological treatment for adolescents with opioid dependence differ from that for adults?

In a Cochrane Systematic Review authors stated that "there is an urgent need for further randomized controlled trials comparing maintenance treatment with detoxification treatment or psychosocial treatment alone before carrying out studies that compare different pharmacological maintenance treatments" [3]. And the Committee on substance use and prevention required "resources to disseminate available therapies and to develop new treatments specifically for this age group [...] to save and improve lives of youth with opioid addiction" [4].

## References

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