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"Efficacy of Buprenorphine in the Treatment of Suicide"

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Abstract

Background: Buprenorphine is currently used for the treatment of opioid use disorder and pain disorder. It could be an effective alternative option for the treatment of anxiety symptoms, depressive symptoms, self-destructive actions and suicidal ideations. However, it has a major potential for abuse and diversion that limits its application in these disorders.

Objective: To explain the efficacy of buprenorphine in the treatment of Suicidal ideations.

Conclusion: Buprenorphine can be an effective alternative option for the treatment of suicidal ideation.

Keywords: Buprenorphine; Suicidal ideation

Introduction

Currently, mental diseases are progressive problems worldwide [1-48]. Among mental diseases [49-59], substance use disorders, and substance induced disorders particularly mood disorders are considered as developing problems. At the present time, substance use disorders and substance related psychiatric presentations to mental hospitals and outpatient clinics are progressing puzzle [60-149].

In the world suicide is one of the leading causes of death. For example, in the US, suicide is a principal public health issue and also the 10th leading cause of death [3]. Furthermore, suicide has been a significant dilemma in the other countries, and requires an intensive intervention. The majority of studies in the field of suicide have been addressed to risk factors and less effort has been focused on finding novel discourse for suicidal individual. Presently, suicidal patients are admitted to psychiatric hospital in order to prevent them from self-harm behaviors and then, beginning psychotherapy, and appropriate medications. It commonly necessitates a couple of weeks for antidepressant drugs to work. Therefore, it is not likely to manage suicidal crisis right away [4].

Electro Convulsive Therapy -ECT [1], has been recommended as acute treatment of suicidal thoughts. Ketamine administration [2], lithium, clozapine [5], prefrontal repetitive transcranial magnetic stimulation -rTMS [6], or buprenorphine is another alternative. Yovell et al. [8] conducted a double-blind controlled trial with ultra-low-dose buprenorphine for severe suicidal idea and observed that ultra-low-dose buprenorphine resulted in a reduction in Beck Suicide Ideation Scale (BSIS) scores following two weeks. Streriebel et al. administered buprenorphine for fast dissolution of suicidal idea in an individual with treatment-resistant depression and opioid use disorder-severe form [7].

Buprenorphine is well-known as an antagonist with high affinity for κ-opioid receptors, a partial agonist with high affinity for μ-opioid receptors, a partial agonist with moderate affinity for nociceptin receptors, and an agonist at δ-receptors [9]. The Drug Enforcement Administration (DEA) considered buprenorphine as a Schedule III drug [10], pointed out that abuse could end to low or moderate physical dependence or high psychological dependence. Accordingly the buprenorphine use in suicidal patients with an experience of substance abuse

is in question. Previously, Ahmadi and Razeghian published a case of cannabis induced psychosis and opioid induced depressive disorder with severe suicidal ideation, treated successfully with a single high dose (96mg) of buprenorphine [11]. Buprenorphine is not FDA approved nor intended, for the treatment of depression and suicide. Researchers have regarded buprenorphine as a potentially addicting drug. So, it should not be usually administered for this mental disorder.

Discussion and Conclusion

We are now optimistic that investigators will find fully the basis for management of suicide and depression (especially in patients with substance use disorders) by buprenorphine [12-15]. We presently theorize that the biochemistry involved in suicide and depression is very similar to opioid dependence (in both conditions there is dysregulation of endogenous opioid system) [12]. Besides, buprenorphine is a partial agonist of mu-opioid receptor, so it decreases the level of suicidal desire, depression, dysphoria, anxiety, pain, and opioid withdrawal symptoms. In addition, buprenorphine is a strong kappa receptor antagonist, so it reduces suicidal thoughts, and depression [15-29].

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