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Abstract

Opioid withdrawal is often thought of as psychologically and physiologically distressing but ultimately not life-threatening, however it can result in severe medical complications in some cases. The case herein describes an elderly gentleman on methadone maintenance therapy who experienced delirium and rhabdomyolysis when in severe iatrogenic opioid withdrawal following initiation of naltrexone for alcohol use disorder management. This case and ensuing discussion illustrates the importance of pharmacovigilance and of medically managing opioid withdrawal and reviews some of the more serious complications associated with acute opioid withdrawal.

Case Description

The patient is a 70-year-old man with a past medical history of chronic hepatitis C and hypertension; and a past psychiatric history of alcohol and opioid use disorders, who presented to the emergency department requesting admission for alcohol detoxification. The patient was drinking one pint of vodka daily for the last four months and was taking 55 mg of methadone daily for the last four years, with no episodes of recreational or illicit drug use during this time. His last alcohol use was approximately 8 hours prior to presentation.

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