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BJÖRN MÅRTENSSON, M.D., PH.D.
VERONICA MURRAY, M.D., PH.D.
MAGNUS VON ARBIN, M.D., PH.D.
MARIE ÅSBERG, M.D., PH.D.
ANIKO BARTFAL, PH.D.
KRYSZYNA MALM, M.D.
Stockholm, Sweden

Opiate Withdrawal With Dextromethorphan

TO THE EDITOR: Animal studies suggest that N-methyl-D-aspartate (NMDA) antagonists can attenuate the physical and motivational signs of the opiate abstinence syndrome (1). The widely used nonopioid antitussive drug dextromethorphan has a low affinity as a noncompetitive NMDA antagonist. Dextromethorphan also has an extremely favorable safety profile (2). The tolerability of high doses has been established in clinical trials in patients with neurologic diseases (3). We thus hypothesized that treatment with dextromethorphan would diminish the signs, symptoms, and craving characteristic of withdrawal from opioids in opioid-dependent human subjects. Earlier studies carried out in Turkey showed dextromethorphan to be effective in the treatment of heroin withdrawal in a double-blind trial that compared chlorpromazine with dextromethorphan (4).

In this study, we included six male patients who came to our chemical dependency unit for treatment of heroin addiction. Three patients were African-American, two were Caucasian, and one was Latino. The group ranged in age from 25 to 65 years old. All patients met DSM-III-R criteria for current opioid dependence. Four were intravenous and two intranasal daily heroin users. Duration of heroin use ranged from 5 to 26 years. All subjects had several previous inpatient detoxifications. Individuals with evidence of major psychiatric disorders or alcohol abuse were excluded from the study. A urine toxicology screen was used to confirm recent use of opiates. All subjects accepted for the study gave written informed consent, and no financial incentives were offered for participation in this study.

Subjects were hospitalized for the length of the study. The Subjective Opiate Withdrawal Scale, the Objective Opiate Withdrawal Scale, and the Craving Analog Scale were the measurements used to evaluate opiate withdrawal (5). All measurements were recorded at baseline and three times per day subsequently. After a baseline evaluation, each subject received 75 mg of dextromethorphan five times per day (total 375 mg/day). No other medications were offered except as-needed doses of hydroxyzine, acetaminophen, and ibuprofen.

Two patients requested a change to methadone during the first day of treatment. Both complained of discomfort and had symptoms of withdrawal. Neither of them completed detoxification.

All patients who completed the study had a rapid and complete attenuation of signs, symptoms, and craving by the fourth day of treatment. Improvement, particularly in the alleviation of craving, was most prominent during the first 2 days. Patients were discharged after 1 day free from medication, which occurred on average after 6 days of active treatment. Patients who successfully completed the trial reported

a subjective difference from previous detoxifications with methadone in the positive effect of treatment on relief from craving. Patients tolerated dextromethorphan well, and side effects were minimal.

Results of our study provide a preliminary suggestion of the safety and feasibility of dextromethorphan in detoxification for opioid-dependent individuals. This is a confirmation of earlier published findings in which a similar dose of dextromethorphan was used. Furthermore, there is some evidence that dextromethorphan may be an advantageous alternative to current methods of detoxification. It may result in a shorter length of treatment and greater reduction in craving than methadone detoxification.

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ADAM BISAGA, M.D.
PHILLIP GIANELLI, M.D.
Manhasset, N.Y.
PIOTR POPIK, M.D.
Krakow, Poland

Festschrift for John Nemiah

TO THE EDITOR: Congratulations on the "Festschrift in Honor of John C. Nemiah, M.D." (July 1996 supplement). Nancy Andreasen's introduction gives the measure of the man, one of the great psychiatrists of our time. One small addition. He mentored not only the current editor of "the green journal" but the current editor of "the orange journal" as well. When asked to be a candidate, I spotted Dr. Nemiah and asked whether I could pick his brain about what an editor does. "Dinner," he exclaimed. "You and Sally come up and spend a couple of days with us." We did and received a firsthand look at an editor at work. Beyond the technical part of the job, John combined scholarship with common sense. But the sauce that made the editorial dish a gourmet delight was the warm hospitality (and impish wit) of John and Margarete Nemiah.

JOHN F. MCDERMOTT, JR., M.D.
Honolulu, Hawaii

Dr. McDermott is Editor of the Journal of the American Academy of Child and Adolescent Psychiatry.

Image on Progressive Dysarthria

TO THE EDITOR: I read with interest the Images in Neuroscience article by Oleh A. Selnes, Ph.D., and colleagues (1)