

Diacetylmorphine improves outcomes in refractory opioid addiction

Michael Slezak

Injectable diacetylmorphine is more effective than oral methadone in the treatment of chronic relapsing opioid addiction, a [study](#) finds.

The open-label, phase III trial randomly assigned 226 patients with treatment-refractory opioid dependence to receive oral methadone (n=111) or injectable diacetylmorphine (n=115).

All patients were long-term users of injectable heroin who had failed previous attempts at treatment, including at least one course of methadone therapy.

Published in the *New England Journal of Medicine*, the study found the rate of retention in addiction treatment in the diacetylmorphine group was 88% compared with 54% in the methadone group



Addiction treatment retention was 88% in the diacetylmorphine group

($P < 0.001$).

The diacetylmorphine group also had greater improvements in medical and psychiatric status, economic status, employment situation and family and social relations.

While 20 overdoses and seizures occurred as a result of the diacetyl-

morphine administration, there were no related deaths or hospitalisations.

However, due to serious adverse effects reported among the diacetylmorphine group, the study authors recommended that methadone "should remain the treatment

of choice for the majority of patients".

"The results are significant in demonstrating diacetylmorphine as an effective and safe treatment for heroin dependency", Alison Ritter from the National Drug and Alcohol Research Centre told *Psychiatry Update*.

"The fact that until recently we've only had methadone to treat heroin dependence is a disgrace," said Dr Ritter. "There is no question that Australia ought to add this to be one of the treatment options among many."

Although controversial, heroin has been prescribed in Switzerland for 10 years and was "the drug of choice" for treatment in England until the 1960's, an editorial accompanying the study said.

N Engl J Med 2009;361:777-86

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Psychotic symptoms linked to many mental disorders

Amy Corderoy

Psychotic-like symptoms are associated with a range of common mental disorders in young people, not just psychotic disorders, an Australian [study](#) finds.

The study of over 3,800 young people found those with either a major depressive disorder or an anxiety disorder were significantly more likely to report psychotic-like experiences compared to those without mental disorders.

Using both the Peters Delusional Inventory (PDI) and the Compos-

ite International Diagnostic Interview (CIDI) the researchers from Queensland found that the presence of current anxiety disorder symptoms was associated with a nearly 6-fold greater risk of a higher PDI score.

People with major depression had an almost 7-fold greater risk of being in the highest versus the lowest PDI quartile, while those with anxiety disorders had an almost 5-fold greater risk of being in the highest versus the lowest PDI quartile.

"While psychotic-like symptoms

are traditionally linked with clinical psychotic disorders, our findings suggest that they are associated with a range of common psychiatric disorders," the researchers said.

While no conclusions could be drawn about the direction of causality, the researchers said it was feasible that the presence of anxiety and depressive disorder predated the development of psychotic-like experiences and contributed to the prominence of these symptoms.

Conversely, they said, pre-exist-

ing psychotic-like experience may have been a stressor for the cohort and may have contributed to the later development of anxiety or depression disorders.

"The association between anxiety and psychotic-like experiences is of interest as level of distress associated with the delusion-like experiences has previously been identified as a predictor of clinically relevant psychosis," they added.

Schizophrenia Bulletin; published online.

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Generalised anxiety disorder may improve ACS outcomes

Amy Corderoy

Generalised anxiety disorder may lead to a decreased risk of further cardiac events following acute coronary syndrome (ACS), a [study](#) by the Black Dog Institute suggests.

Professor Gordon Parker and colleagues analysed the anxiety symptoms of nearly 490 patients who had been hospitalised for ACS, and found that the impact of anxiety on post-ACS outcome appeared to be influenced by clinical sub-type of

the disorder.

However, Professor Parker noted that, as the rates of anxiety identified in the study were low, the study was underpowered to identify statistically significant outcomes.

The study found that people with a history of any of the non-generalised anxiety disorders assessed, such as panic, agoraphobia social phobia or OCD, had (statistically non-significant) higher rates of cardiac events over the 12 month study period.

In contrast, people with generalised anxiety disorder had fewer cardiac events over the study period (statistically non-significant).

When the analysis was restricted to examining the effects of generalised anxiety, agoraphobia and post-ACS onset depression on cardiac outcome, post-ACS onset depression was associated with a 2.6-fold increased risk of adverse outcomes ($p = 0.006$) and agoraphobia was associated with a 2.8-fold increased risk ($p = 0.017$).

However, anxiety was associated with a halving of the risk of cardiac death or readmission ($p = 0.05$).

"The seemingly paradoxical finding that generalised anxiety disorder might improve outcome may reflect 'apprehensive worrying' being constructive, by improving self-management of the individual's cardiac problems," Professor Parker wrote. *Depression and Anxiety* 0:1-8, 2009.

What do you think?

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