Response to “benefit effect of naloxone in benzodiazepines intoxication: findings of a preliminary study”

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I read with interest your letter about my study “benefit effect of naloxone in benzodiazepines intoxication.” I thank you for your good comments, but I think it is necessary to explain some things. Opioid antagonists are used infrequently in the management of overdoses with nonopioids such as ethanol, clonidine, captopril and valproic acid. The mechanisms for each of those, though undefined, may relate to reversal of endogenous opioid peptides at opioid receptor. So, according to the theory we have designed the study.

We excluded heroine, methadone and tramadol from screening tests. They are commonly abused substances in Iran. The other substances such as fentanyl and mepridine are not commonly abused in Iran.

As previously described, the main goal of this study was to evaluate the effect of naloxone on benzodiazepine compounds intoxication. Hence, no screening test was implemented to determine the types of benzodiazepines taken by the patients. Furthermore, data of types of benzodiazepines were recorded with regards to the obtained patients’ history. When the history was not reliable, diagnosis was confirmed according to the signs and symptoms of sedative-hypnotic withdrawal syndrome. However, it should be emphasized that considering types of benzodiazepines in analysis would not alter the general results of this study.

References