

Off label Administration of Buprenorphine in the Treatment of Major Depression

Jamshid Ahmadi^{1*} and Saxby Pridmore²

¹Professor and Founding Director, Substance Abuse Research Center, Shiraz University of Medical Sciences, Shiraz, Iran

²Professor of Psychiatry, University of Tasmania, Tasmania, Australia

Abstract

Background: Buprenorphine administration is accompanied with speedy-acting antidepressant effects.

Objective: To describe the antidepressant potentials of buprenorphine.

Discussion: Buprenorphine has rapid-acting and continuous antidepressant properties. Buprenorphine intake is associated with enhanced psychoactivity and demotion in depression. Regulation of mood and emotion are seen following buprenorphine administration. Most of the time buprenorphine is well tolerated.

Conclusion: Buprenorphine use can be safe and has fast-acting and continuous antidepressant effects.

Keywords: Depression; Buprenorphine.

Introduction

Majority of patients with Substance-dependence and substance induced disorders have high rank of depression [1-3] minor psychopathology [4,5] and personality disorders [6,7]. Success or failure in detoxification of can be predicted by basic psychiatric symptomatology [8]. Coexisting of mental diseases particularly mood disorders may interfere with the treatment and course of substance dependence. Substance dependent patients with a depressed mood at the commence of treatment can be less likely to be clean at follow-up than other substance dependent patients with a normal mood [9].

Buprenorphine, ketamine and Ayahuasca can lessen the level of depression. Administration of a *single dose* of Ayahuasca lowers the level of depression very quickly. Ayahuasca is an Amazonian botanical hallucinogenic cook. It contains dimethyltryptamine, a 5-HT_{2A} receptor agonist, and harmine, a monoamine-oxidase A inhibitor [10,11]

As a partial agonist of mu opioid receptor, buprenorphine can diminish the level of depression and suicidal thoughts rapidly [12,13].

Buprenorphine is not intended, nor FDA accepted, to treat depression. The studies necessary to verify that it is influential have not been fully done yet. This medication should be recognized as potentially addicting itself. Thus it should not be usually used for this goal. Much more research investigations are required to probe this field. We are optimistic that investigators will open the basis for depression treatment [12,14].

Psychiatric disorders and mental diseases have been advancing problems on the earth [12-18]. In psychiatric disorders, substance joined disorders, chiefly mood disorders have been regarded as advancing worldwide problems. Currently, substance abuse and substance induced psychiatric presentations to outpatient and inpatient centers are growing dilemma [19-58].

The FDA approved administration of buprenorphine for the treatment of pain syndromes and opioids withdrawal symptoms [12].

We are now considering buprenorphine as a new approach for the treatment of depression, because we suppose that biochemistry involved in opioid dependence is nearly similar to that of depression (in both conditions the endogenous opioid system is involved) [12].

We are hopeful and optimistic that scientists will uncover fully the basis for treatment of depression by buprenorphine.

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Conflict of Interests

None to be mentioned.

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*Corresponding author: Jamshid Ahmadi, Department of Psychiatry, Hafez Hospital, Shiraz University of Medical Sciences, Shiraz, Iran, Tel: +98 71 3626 3193, E-mail: jamshid_ahmadi@yahoo.com

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