



*The Bay at Huatulco, Mexico*

## PIC QUESTION OF THE WEEK: 5/02/11

Q: Does tramadol possess the potential for abuse and is it being considered as a controlled substance?

A: Tramadol (Ultram and generics) is a mu-opioid receptor agonist used for the treatment of moderate to severe pain. The drug also decreases the reuptake of norepinephrine and serotonin and inhibits pain transmission to the spinal cord. It was approved for use in 1995 and is currently a *non-controlled* medication. Despite this status, there are multiple reports of tramadol dependence and abuse. The FDA's MedWatch program has received hundreds of spontaneous reports of tramadol abuse and withdrawal effects. Furthermore, the drug has recently been added to the Drug Enforcement Administration's (DEA) list of "Drugs and Chemicals of Concern" indicating the agency's knowledge of its potential for diversion and abuse. The risk for developing dependence to tramadol was previously estimated as 1 patient per 100,000, but more recently suggested to be as high as 200 per 200,000 patients. This data was generated from a national survey of 69 pain management physicians. The study also found that about 67% of the surveyed practices reported patients with at least one DSM-IV diagnostic criterion for drug dependence. A few case reports illustrate the apparent existence of tramadol dependence and abuse. In one, the patient used hydrocodone, oxycodone, and tramadol for headaches. He preferred tramadol because of its *euphoric* effects and increased *energy*. His attempts at discontinuing the medication were unsuccessful because of mental status changes and rebound headaches and he subsequently experienced seizures due to his dependence. A second case involved a patient treated with tramadol at a dose of 300 mg 5-6 times daily for three months. She was unable to stop using the medication due to anxiety, sweating, rhinorrhea, and myoclonic twitching. When evaluating the need to add or remove a drug from the scheduled substance list, the DEA's Drug Abuse Advisory Committee utilizes eight specific factors. These criteria include: the drug's actual or relative potential for abuse; scientific evidence of its pharmacologic effect (if known); the state of scientific knowledge about the drug; its current pattern of abuse and history; the scope, duration, and significance of abuse; risk to public health; psychic or physiological dependence liability; and, if the drug is an immediate precursor of a currently controlled substance. Upon review of the aforementioned criteria, the attorney general may suggest that a drug be added or removed from the scheduled substance list. Tramadol is currently not included in the Controlled Substances Act; however, it is listed as a Schedule IV drug in Arkansas and Kentucky. At this time, Pennsylvania appears to have no plans to list tramadol as a controlled substance.

### References:

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