4CPS-171

METHADONE DRUG-DRUG INTERACTIONS POTENTIALLY RELATED TO CARDIOVASCULAR EVENTS IN CLINICAL PRACTICE

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Background and importance

Methadone continues to be the drug of choice in managing opioid withdrawal. However, it is known that its use is related to QT prolongation, torsades de pointes and even sudden cardiac death. The interaction with other drugs could worsen this effect.

Aim and objetives

To quantify the prevalence of methadone drug-drug interactions with risk of QT interval prolongation and the incidence of cardiovascular events during admission.

Materials and methods

January 2021 - September 2022

Retrospective, descriptive study

Patients receiving methadone during admission in a tertiary hospital

Interactions reviewed in Lexicomp®

Variables

- Age, sex
- Opioid abuse
- Methadone: treatment prior to admission, dose
- Cardiovascular history
- Drugs prescribed (+ methadone) likely to prolong QT during admission
- Development of cardiovascular complications

Results

- N: 36 patients
- Median age: 56 [IQ: 50-60]
- 74,3% male

- 9,2% had a history of cardiovascular disease prior to admission
- Mean of 1,8 QT-prolonging drugs during admission

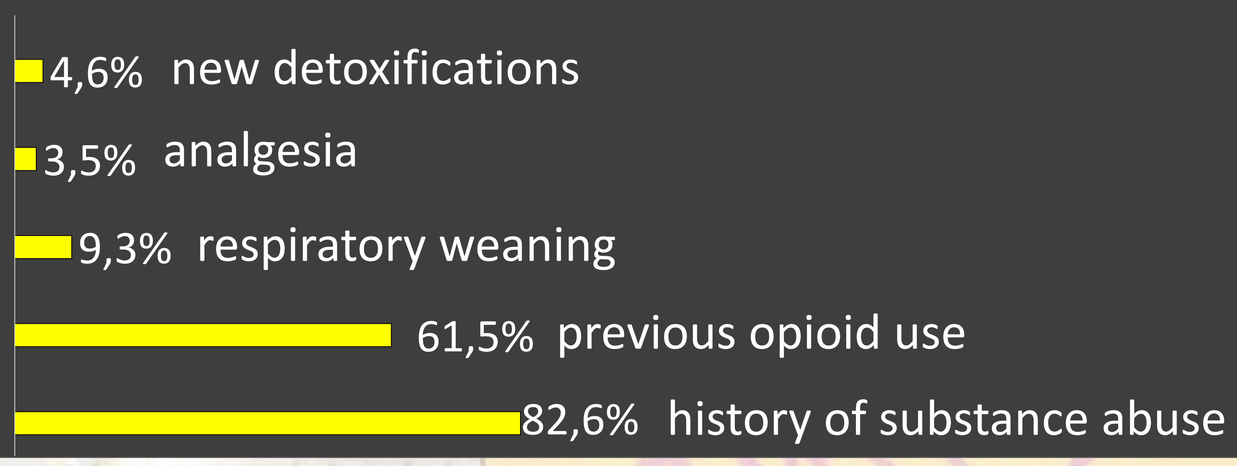
- Median methadone dose was 50 mg [IQR 35-80 mg]

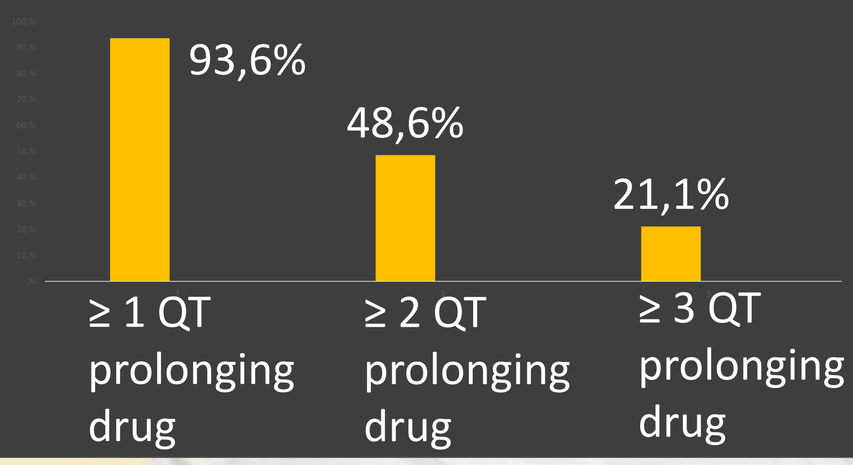
- 11.0% suffered a cardiovascular event → 54.6% arrhythmias.
- More common those who already had underlying pathology (19.3% vs 7.2%)

24.8% Quetiapine

12.9% Ondasetron

19,3% Mirtazapine





Conclusions and relevance

Our results show a high prevalence of patients using methadone concomitant with other drugs likely to prolong QT during admission.

A more significant proportion of patients with a previous history of cardiovascular events suffered a new event during hospitalization.