

17 Tramadol Cases Reported to the ToxIC Registry, January 1, 2018–June 30, 2019

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Between January 1st and June 30th, 2019, 17 cases involving tramadol were reported to the ToxIC registry from sites within the United States. The age of the patients ranged from 2 to 72 years, with a median age of 47 years. Nearly three-fourths (71%) were female. Cases were reported in a diverse geographical distribution, with the most cases (7) reported from Pennsylvania. A large number (88%) of cases involved coingestants in addition to tramadol. Coingested agents were varied but primarily included analgesics, antidepressants, other opioids, and sedative hypnotics. Of the 15 (88%) cases that were intentional ingestions, specific reasons for the ingestion included self-harm (8), misuse/abuse (1), therapeutic use (4), and unknown intent cases (2). The remaining 2 cases were accidental ingestions. Clinical toxidromes were seen in 11 patients, 5 of whom exhibited the opioid toxidrome (respiratory depression, small pupils, and sedation). Three showed signs of a serotonergic toxidrome (hyperreflexia, clonus and altered mental status). Neurologic clinical findings were the most common clinical findings, with 94% of cases exhibiting some neurologic sign. Treatment was initiated in 82% of cases, and naloxone was the most common antidote administered (24% of cases). One death was reported.

Editor's Note: The NDEWS Coordinating Center asked ACMT to explore tramadol cases after hearing concerns from NDEWS Sentinel Community Epidemiologists (SCE) about the possible misuse of the drug. The SCE in Texas reported that tramadol was found in less than 1% of drug deaths involving heroin and 1% of cocaine-involved deaths.¹ Tramadol was the 15th most frequently identified drug in the DEA National Forensic Laboratory Information System (NFLIS) in 2017 accounting for an estimated 6,498 drug reports nationwide (less than 1% of total drug reports).² The NFLIS results for tramadol for the first half of 2018 are comparable.³

References

1. Maxwell, Jane C. (in press). *Texas Sentinel Community Site (SCS) Drug Use Patterns and Trends, 2018*. NDEWS Coordinating Center.
2. U.S. Drug Enforcement Administration, Diversion Control Division. (2018). *National Forensic Laboratory Information System: NFLIS Drug 2017 Annual Report*. Springfield, VA: U.S. Drug Enforcement Administration.
3. U.S. Drug Enforcement Administration, Diversion Control Division. (2019). *National Forensic Laboratory Information System: NFLIS-Drug Midyear Report 2018*. Springfield, VA: U.S. Drug Enforcement Administration.

Toxicology Investigators Consortium (ToxIC)

ToxIC, operated by the [ACMT](#), is a toxico-surveillance registry and research network of physicians specifically qualified in the field of medical toxicology. A mandatory sentinel event detector field is used to flag novel and emerging exposures. Novel (or “new”) psychoactive substances (NPS) are defined as substances of abuse that are not controlled by the 1961 Convention on Narcotic Drugs or by the 1971 Convention on Psychotropic Substances that may pose a public health threat.¹

The ToxIC registry contains more than 65,000 cases providing a uniform array of reliable clinical data on patients. Approximately 8,000 cases are added each year. Medical toxicologists in 35 participating sites across the United States consult with medical facilities to diagnose and manage the adverse effects of exposure to natural toxins, drugs, and chemical substances, including drugs of abuse. Core information on these cases is provided to the American College of Medical Toxicology (ACMT) as part of the ToxIC Registry. Analytical confirmation, however, may not be part of the clinical consultation conducted and rarely has an impact on the treatment plan. As a result, specific toxicology results are not systematically included in the ToxIC Registry.

The results presented in this brief are intended for epidemiologic and descriptive purposes. They reflect a brief period and may not be representative of larger trends. Participating sites do not represent a population-based sampling and the data cannot be used to produce prevalence estimates.

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