CLINICAL IMPLICATIONS OF PROLACTINE DISFUNCTION IN MEN RECEIVING METHADONE MAINTENANCE FOR OPIOIDE DEPENDENCE

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ABSTRACT

Although endocrine abnormalities are recognized in opiate users, very little is known about the range of hormones affected, their path physiology and their clinical relevance. Various endocrine abnormalities have been reported in these patients which included increased levels thyroxin (T4), Tri-iodothyronine (T3), insulin and glucose metabolism abnormalities similar for those seen on type 2 diabetes, increased prolacin levels and abnormalities in follicular stimulating hormone/Latinzing hormone(FSH/LH) levels. Path physiological me4chanisam postulated does explain these findings included a direct action of heroin or methadone at the hypothalamic or pituitary level. The Aim of this study was to explore the effects of methadone maintenance treatment on the plasma prolactin levels.

Subjects and Methods : We evaluated 20 male narcotic addicts maintained of methadone more then 3 years aged 27,5±5,1 on oral high dose methadone 60-120 mgr/day . Patients taking neuroleptic therapy were excluded from the study because neuroleptic-included hyperprolactinemia. We also evaluated group of twenty male heroin addicts who was on the street heroin The prolactin plasma levels was assayed using the chemiluminescent immunometric assay (CLIA)-high sensitive methods. The normal range of prolactine level was 1,5-17ng/ml (53-360nmol/l) for men The differences between two examination groups were determined by students t-test.

The results show that patients treated with methadone therapy had not significantly higher plasma prolactin levels compared with groups of street heroin addicts.

Key words: heroin addiction, prolactin plasma levels, methadone maintenance therapy