Tramadol may be expected to have additive effects when used in conjunction with alcohol, other opioids, or illicit substances. Tramadol can be abused in a manner similar to other opioid agonists, legal or illicit. This should be considered in the management of a patient with abuse or addiction issues. Physical dependence and tolerance may not occur to the same degree as with other opioids. Patients should be closely monitored for any indication of tolerance or dependence and the dosage should be reduced or withdrawn gradually.

Withdrawal

Tramadol may produce drug withdrawal symptoms when abrupt discontinuation or reduction of dosage occurs. Physical dependence may not occur to the same degree as with other opioids and may be less pronounced. In chronic pain studies, patients may experience unpleasant withdrawal symptoms when tramadol hydrochloride extended release tablets were withdrawn abruptly. The symptoms were primarily muscle and bone aches, restlessness, excessive sweating, shakiness, and agitation, which usually were relieved by re-administration of tramadol.

OVERDOSAGE

Symptoms: Overdose may result in serious adverse events because tramadol is metabolized by the liver (CYP2D6) and can accumulate in patients with impaired liver function.

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Tramadol hydrochloride extended release tablets are suitable for use in the treatment of chronic pain due to cancer or other causes in patients who have become tolerant to and are receiving opioid analgesics. Use in patients with advanced cancer is discussed in PRECAUTIONS, Labor and Delivery. In the treatment of severe acute pain, primary attention should be given to the establishment of a patent airway, adequate ventilation, and supporting of the cardiovascular system.

In the treatment of tramadol overdose, primary attention should be given to the re-establishment of a patent airway and adequate ventilation. Tramadol is not detoxified by the liver. In cases of suspected massive overdose, it may be necessary to provide symptomatic and supportive treatment. The management of affected patients should include careful serial assessment of vital signs, including cardiac output, pulse, and respiratory rate; continuous electrocardiographic monitoring; and adequate monitoring of the clinical status of the patient, including the level of consciousness, the frequency of respirations, the nature of the patient’s respirations, and skin color and temperature. Tramadol can cause respiratory depression, which may require life support. Tramadol is metabolized by the liver and may accumulate in patients with impaired liver function. In overdose situations, patients should be monitored for (1) clinically significant respiratory depression, (2) respiratory depression that is unresponsive to usual ventilatory support, (3) a decreasing level of consciousness, and (4) increasing sedation.

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