

Neonatologist's study trial supports alternative therapy for drug-addicted babies

February 2 2015, by Elizabeth Adams



In the past decade, the number of Kentucky babies starting life with a drug dependency, or neonatal abstinence syndrome (NAS), has skyrocketed from 1.3 per 1,000 births to 19 per 1,000 births.

Just like adults coming off drugs, <u>babies</u> whose mothers used <u>opiate</u> <u>drugs</u> during pregnancy, will suffer from a number of <u>withdrawal</u>



symptoms, including tremors and irritability. The most common form of treatment for babies suffering from withdrawal is the opiate morphine, which can hinder brain development during a critical growth period in a baby's life. The treatment period for infants requires hospitalization and can last weeks or even months, resulting in high hospitalization costs.

Dr. Henrietta Bada, a neonatologist at Kentucky Children's Hospital, has conducted preliminary research supporting an alternative drug to morphine that will help babies recover from NAS faster and with fewer neurological effects. Bada recently published findings from a pilot study determining whether clonidine, a non-opiate, non-addictive drug commonly used to treat hypertension, would result in improved neurobehavioral performance in babies when compared with morphine, an opiate. The research, which was published in the February 2015 issue of the journal *Pediatrics*, presents encouraging evidence that clonidine was as effective as morphine.

"It just does not make sense to expose these babies further to an opiate after they are born, especially when rapid brain growth occurs during the first months of life," Bada said. "It really would be important if research can be directed to an alternative treatment for these babies. A nonaddictive drug would even be better, especially when some of these babies go home with families affected by substance use."

In the United States, nearly 1 percent of all pregnant women use opiates during pregnancy. The American Academy of Pediatrics currently recommends opioids as the first-line therapy for <u>neonatal abstinence</u> <u>syndrome</u>. Clonidine is currently used in NAS babies as an adjunctive therapy to morphine.

Bada's research was the first known trial to examine clonidine as a singledrug therapy for babies with NAS. The study also suggests clonidine treatment could be completed after discharge, allowing babies to go



home earlier and also reducing hospital stay costs. Bada stressed that more research will be required to validate these findings.

Provided by University of Kentucky

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