

Opium linked with more deaths after bypass surgery

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The largest study on opium use and outcomes after bypass surgery has found that it is linked with more deaths and heart attacks, in contrast to widely held beliefs. The research is published today in the *European*

Journal of Preventive Cardiology, a journal of the European Society of Cardiology (ESC).

The United Nations Office on Drugs and Crime estimates that in 2015, 17.7 million people illicitly used opiates (opium, heroin, and morphine) worldwide. Opium is the most commonly used substance after tobacco in the Middle East and many Asian countries. The two major ways of using the drug are smoking and dissolving it in tea and other drinks.

"Afghanistan, Pakistan and Iran have the highest prevalence of opium abuse due to their proximity to production," said study author Dr. Farzad Masoudkabar of Tehran University of Medical Sciences, Iran. "In Iran, it is estimated that 8 to 16% of the public use opium, but given the sensitivities around reporting, the true prevalence may be even higher."

Another reason for opium's popularity is the perception that it has health benefits. "There are traditional beliefs among the public and medical staff that opium lowers [blood glucose](#), blood lipids and blood pressure, and prevents heart attacks and diabetes," said Dr. Masoudkabar. "The result is that heart patients often use opium. In our study, nearly one in five (18%) were users."

Cardiac surgeons and cardiologists are concerned about advising patients to stop using opium after bypass [surgery](#) because of fears that withdrawal could induce heart attacks. Until now, there was no evidence that discontinuation of opium consumption after surgery was safe.

This was the largest study to investigate the impact of continuing or stopping opium use after coronary artery bypass graft surgery. The study included 28,691 patients who underwent bypass surgery between 2007 and 2016. The average age was 61 years and 73% were men. Patients were divided into three groups according to opium use: never-users (82%), continued use after surgery (13%), and stopped after surgery

(5%).

Patients were followed up for five years. The researchers examined the association of post-operative opium use and the risks of death, [heart attack](#), stroke and repeat heart procedures.

Patients who continued their opium habit after bypass graft surgery had a 28% higher risk of death and a 34% higher likelihood of heart attack compared to non-users. They also had a 25% higher risk of a combined endpoint of adverse events (death, heart attack, stroke, and repeat procedures) compared to non-users.

"In contrast to the worry that opium cessation could trigger heart attacks in patients undergoing [cardiac surgery](#), we found that stopping the drug was safe and even beneficial," said Dr. Masoudkabir. "In fact, the risks of death, heart attacks and other adverse events in those who stopped using opium after surgery were similar to those who had never used the drug."

Regarding when to start opium cessation, he said: "The first outpatient visit after [bypass surgery](#) is a sensible time to start talking about stopping the use of opium. This gives patients about one month to recover from the physical stress of the operation before commencing withdrawal."

Dr. Masoudkabir noted that the study findings cannot be extrapolated to other opiates like heroin and morphine.

He concluded: "Taking our findings together with those of previous studies, there is now sufficient evidence to conclude that it's a falsehood that opium protects against heart disease and its risk factors."

More information: Farzad Masoudkabir et al, Effect of persistent opium consumption after surgery on the long-term outcomes of surgical

revascularisation, *European Journal of Preventive Cardiology* (2020).
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