

LETTER TO THE EDITOR

USE OF OPIOIDS FOR PAIN RELIEF WHILE DRIVING: WHEN THE PATIENT MEETS THE POLICE

To the Editor:

The Italian Highway Code does not have an agreement with the scientific evidence when prescribing opioids in pain therapy. This leads to considerable legal implications in the clinical practice as described in the following case.

A Caucasian 69-year-old male patient suffering from bilateral lower back, and leg pain was being treated with slow release tramadol (Unitrama[®] 200 mg orally once daily). The patient reported acceptable pain relief (numerical rating scale [NRS] 3) as well as notable constipation, dizziness and drowsiness, in particular while driving. This patient was subsequently diagnosed for a suspected hernia recurrence, and epidural infiltrations were hence planned to commence within 30 days.

The Italian Highway Code forbids driving while under the influence of psychotropic substances (<http://www.aci.it/?id=742>) (as listed in a specific table published by Ministry of Health [<http://www.salute.gov.it/medicinaliSostanze/paginaInternaMedicinali-Sostanze.jsp?id=7&menu=strumenti>]) which may cause contextual impairment of psychophysical status. The list includes all opioids with the exception of tramadol, which was excluded in 2006 (Decreto ministeriale 19 giugno 2006, Gazzetta Ufficiale Repubblica Italiana n.147, 27-6-2006, pag 59). Tramadol can thus be used to treat chronic pain and permit patients to drive, even in the case of altered psychophysical status.

The first goal is to reduce the patient's side effects, while preserving adequate analgesia until epidural infiltrations could be administered. We replaced slow release tramadol 200 mg/die (Unitrama[®]) with a combination of naloxone/oxycodone (Targin[®] 5 mg *bis in die* -BID-),¹ obtaining adequate pain control (NRS 2) and a reduction in constipation, dizziness, and drowsiness. The second goal was to investigate the patient's psychophysical status. To do this in an objective way, we used the TR 2000 Reflex Tester (Sodi Scientifica, Caledon, FI, Italy) to evaluate the patient's visual and auditory reaction times (we chose this instrument because it is presently used in Italy in aptitude tests, as stipulated by the Italian Highway Code (<http://www.aci.it/sezione-istituzionale/al-servizio-del-cittadino/codicedella-strada/titolo-iv-guida-dei-veicoli-e-conduzione-degli-animali/art-119-requisiti-fisici-e-psichici-per-il-conseguimento-della-patente-di-guida.html>), for driving licenses for vehicles exceeding 3500 Kg; successful performance is considered for results exceeding the 4th decile of reference population).

Following several days of therapy with slow release tramadol alone and then following treatment with naloxone/oxycodone association, the patient's visual and auditory reflexes were assessed in a series of 30 repeated measures, and the results are recorded.

An average visual reaction time of 204 ms (SD 31 milliseconds) was detected with slow release tramadol and 194 milliseconds (SD 34 milliseconds) with naloxone/oxycodone, while an auditory reaction time of 188 milliseconds (SD 27 milliseconds) was associated with slow release tramadol and 161 milliseconds (SD 29 milliseconds) with naloxone/oxycodone. In both cases, the results would allow the subject to drive vehicles exceeding 3500 kg in accordance with the Italian highway code (art. 119). Using a two-tailed *t* test for paired samples, auditory responsiveness was greater when the patient was treated naloxone/oxycodone than when he was treated with tramadol, ($P < 0.0002$ -Graphpad Instat[®] version 5.0). This result is consistent with other data,²⁻⁵ which indicate tramadol to be less safe for driving than oxycodone (as assessed using the "on the road driving test"; a test used by the company ICADTS⁶ that shows tramadol to impair driving performance to a great extent than oxycodone).

These results lead us to ask the question: What is the better? Prescribing a painkiller that is permitted by law but that increases the likelihood of a car crash or a drug that could reduce the likelihood of causing a car crash itself? Is this problem limited to Italy or is it a more widespread issue?

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