
INTEGRATIVE COMPLEX PERSONALIZED TREATMENT OF DUAL DIAGNOSES OF OPIATE DRUG ADDICT PERSON WHO IS TREATED WITH MAINTENANCE SUBSTITUTION OPIATE THERAPY WITH BUPRENORPHINE/NALOXONE (SUBOXONE)- CASE REPORT

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Opiate addiction is very often complicated with different clinical problems which are not visible because of complex clinical problems because of opiate dependency.

We present a male drug addict aged of 31 year, married, he is a father of two kids, unemployed who has a complex history of trauma exposure during the war in Bosnia-Herzegovina. He survived several life threatened dangerous events with age of twelve. He started to misuse marijuana with 15 years; he started with heroin addiction with 20 years when he worked in Croatia. As intravenous drug user he became hepatitis C infected. He returned from Croatia and started to live in small village in Bosnia-Herzegovina in very difficult conditions. After induced in maintenance substitution opiate therapy with Buprenorphine/Naloxone (Suboxone), he appeared with symptoms of posttraumatic stress disorder (PTSD), he had seizures Grand mal, so we did complex clinical investigation. We found both side brain cortex reduction, and EEG positive finding. With Suboxone we introduced and Sodium-Valproate, SSRI and Clozapine because of heavy night mares. Despite complex psychopharmacotherapy his recovery was questionable. We introduced him in the Interferon treatment of Hepatitis C infection, but because of lack of money he quitted it after incomplete treatment three month after beginning. Because of increased chronic insomnia he was hospitalized for integrative complex personalized treatment. After working through of his trauma experiences in individual EMDR psychotherapy and after telling his severe trauma experiences in the group therapy of war veterans he recovered and dismissed to continue treatment as an outpatient.