



Physiological Effects of Overdose of Opioids

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DESCRIPTION

Opioids are compounds extracted from poppy seeds as well as semisynthetic and synthetic compounds with similar properties that can interact with opioid receptors in the brain. Opioids have analgesic and sedative properties and are commonly used to treat pain. Opioid medications such as methadone and buprenorphine are used to treat opioid addiction. Opioids can cause euphoria after ingestion, which is one of the main reasons they are used for non-medical purposes. Heroin, morphine, codeine, fentanyl, methadone, tramadol, and other similar substances are examples of opioids. Because of their pharmacological effects, they can cause breathing difficulties, and an opioid overdose can result in death. Their non-medical use on a regular basis, prolonged use, misuse, and use without medical supervision can lead to opioid dependence and other health problems. Opioid dependence is a disorder of opioid use regulation caused by repeated or continuous opioid use. A strong internal drive to use opioids is a distinguishing feature of dependence, manifested by impaired ability to control use, increased priority given to use over other activities, and persistence of use despite harm or negative consequences. Physiological signs of dependence may also be present, such as increased tolerance to opioid effects, withdrawal symptoms after cessation or reduction in use, or repeated use of opioids. Similar to other commonly used opioid analgesics (e.g., morphine), the effects of illicitly produced synthetic opioids may include relaxation, euphoria, pain relief, sedation, confusion, drowsiness, dizziness, nausea, vomiting, urinary retention, pupillary constriction, and respiratory depression. The overdose effects of illicitly produced synthetic opioids are similar to those of other opioid analgesics. Stupor, pupillary changes, cold and clammy skin, cyanosis, coma, and respiratory failure leading to death are all possible side effects. A triad of symptoms, including

coma, pinpoint pupils, and respiratory depression, strongly suggest opioid poisoning.

Overdoes on synthetic opioids

In most cases, fatal opioid overdoses are caused by a lack of oxygen, which occurs when a person stops breathing. Fentanyl, like Morphine, Heroin, or Oxycodone, is a longer-acting opiate. The primary distinction between Oxycodone overdose and Fentanyl or Carfentanil overdose is that the latter is exponentially stronger than the former two and thus poses a greater risk of complications. Furthermore, Fentanyl's ability to begin acting on the body shortly after ingestion can lead to overdose even faster. Overdose symptoms are more severe versions of the drug's existing symptoms slowed breathing may stop completely, and reduced consciousness may become unconsciousness. Because of their potency, opioid overdoses are more likely to be fatal. Opioid overdose risk factors

A various of risk factors contribute to opioid overdose. These include having an opioid use disorder; injecting opioids; resuming opioid use after an extended period of abstinence (e.g., following detoxification, release from incarceration, or treatment discontinuation); using prescription opioids without medical supervision; and taking opioids in high prescribed dosages (more than 100 mg of morphine or equivalent daily) combining opioids with alcohol and/or other substances or medications that suppress respiratory function, such as benzodiazepines, barbiturates, anaesthetics, or some pain medications; and having concurrent medical conditions, such as HIV, liver or lung disease, or mental health conditions. Males, old and those with low socioeconomic status are more likely to die from an opioid overdose than women, the young, and those with higher socioeconomic status.

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