

# Opioid-induced respiratory depression

## Mortality Factors Related to Opioids

History of substance abuse  
High opioid dose  
Pain  
Comorbidities  
Sleep apnea  
Advanced age  
Coprescribed

Benzodiazepines/antidepressants  
Polypharmacy

## Predictors of OIRD

Substance use disorder  
Bipolar or schizophrenia  
Concurrent

Benzodiazepine/antidepressants  
Sleep apnea  
Long-acting opioids

## Potencies of Opioids Relative to Morphine (Potency 1)

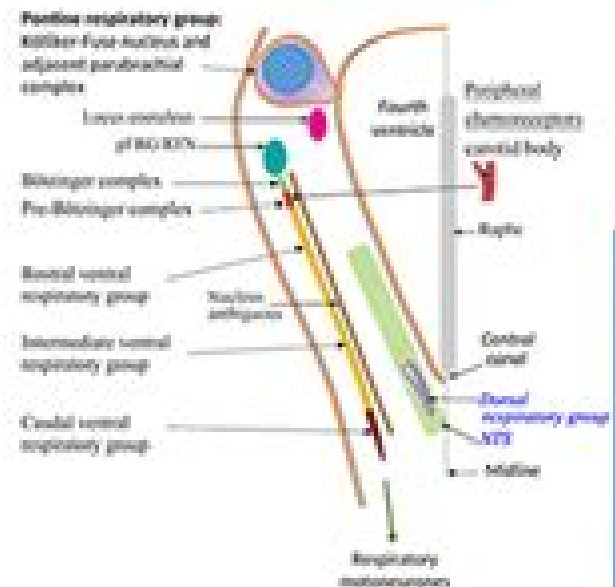
Potency less than 1: Tramadol 0.1;  
Codeine 0.3, Hydrocodone 0.5-1

Potency 1-10: Morphine 1; Oxycodone 1;  
Oxymorphone 10

Potency 10-100: Acetylfentanyl 15;  
Buprenorphine 40; Alpha-  
methylfentanyl 57; Alfentanil 72

Potency 100-1,000: Acylylfentanyl;  
Remifentanyl 230; Fentanyl 234

Potency more than 1,000: Sufentanil  
4520; 3-Methylfentanyl 6,000;  
Carfentanil 10,000



Brainstem respiratory centers

**CONCLUSION:** With important insights and consensus still lacking on the pathophysiology and which sites make the most significant contribution to the induction of OIRD, deaths can be significantly minimized by continuous monitoring with capnography and oximetry, sufficient naloxone dosage, and avoidance of overdose with fentanyl, its illicit poorly characterized synthesized samples and newer 'superagonists'.

# Clinical Aspects Of Respiratory Physiology

**Puja Mehta**

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