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Risk of Prescription Drug Tolerance, Dependence and Addiction.

Some medications used to treat pain or anxiety can be addictive.

DRUG ABUSE is the deliberate use of a medicine beyond a doctor's prescription.

TOLERANCE occurs when the initial doses of a substance loses its effectiveness over time.

DRUG DEPENDENCE occurs when the body develops tolerance to the drug and thus higher doses are needed for the same effect. Withdrawal symptoms will occur when a substance suddenly is stopped.

ADDICTION occurs when the person has is drug dependent but also displays a psychological effects that include: compulsive behavior to get the drug, craving for the drug, and continued use of the drug despite negative consequences, like legal problems, or loosing a job.

People who take a class of drugs called Opioids and/or Central Nervous System Depressants for long periods of time may develop tolerance and physical dependence. This does not mean however, that a person is addicted. In general, addiction occurs in only a small percentage of people when narcotics are not used properly and/or not used under the proper medical supervision.

Opioids: Are used for pain control but also are powerful anxiety relieves. They include: Heroin; Dilaudid (hydromorphone); Demerol (Meperidine); Methodone; Duragesic (fentanyl); Codeine; MS Contin (morphine); Percocet, Percodan, OxyContin, Tylox, Roxicet (oxycodone); Vicodin, Lorcet, Lortab (hydrocodone);

Central Nervous System Depressants: Are used to treat anxiety and sleep disorders. They includes: Xanax, Valium, Ativan, Klonopin (benzodiazepines). These drugs should never be suddenly stopped after long periods of usage due to possibility of seizures or death.

Signs/Symptoms of Opioid Abuse: Analgesia (feeling no pain), Sedation, Euphoria (feeling high), Respiratory depression (shallow or slow breathing), small pupils, nausea, vomiting, itching or flush skin, constipation, slurred speech, confusion or poor judgment.

Signs/Symptoms of Opioid Withdrawal: Anxiety, Irritability, Craving for drug, rapid breathing, yawning, runny nose, salivation, gooseflesh, nasal stuffiness, muscle aches, vomiting, abdominal cramping, diarrhea, sweating, confusion, enlarged pupils, tremors, loss of appetite.

If I or, those whom I am legally responsible, are prescribed any of the above medications I understand that I or those whom I am legally responsible for, may develop a tolerance, physical dependence and may even become addicted to that medication. Since the chances of becoming addicted are greatly reduced by following the doctor's exact instructions while taking this medication, I will only take these medications as they are strictly prescribed by the doctor and will notify the doctor immediately should any signs/symptoms or other side effects not listed above arise while taking this medication. I understand that I am forbidden to drive, operate heavy machinery, or handle dangerous equipment or substances while on this medication. I am fully aware of all risks, benefits, alternatives and consequences of taking this medication and I accept full responsibility for my personal actions and/or drug reactions while on this medication. And all my questions on this matter has been answered to my full satisfaction.

By my signature, I have read, understand, and agree to the above statement:

Print Full Name: _____ Signature: _____

Witness: _____ Date: _____