SDRL Laboratory

TOXICOLOGY TIMES

SDRL Laboratory

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A FREE Monthly Newsletter for Substance Abuse and Opioid Treatment Programs from San Diego Reference Laboratory

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Cold & Flu and the Holiday Seasons

As we near the end of the year, two things are upon us: Cold & Flu Season and the Holiday Season. For the patient population you serve, we'd like to make you aware of the following:

Cold & Flu Season (Amphetamines)

During this time of the year, with all the bugs going around, there is a higher amount of Amphetamines class positive screening/immunoassay results due to the cross-reaction of the Ephedra Source Drugs with the Amphetamines Class test. A TLC (Thin Layer Chromatography) Confirmation can be performed by SDRL upon request (if you have a screen-only panel) to further determine if the source of the class result, whether that be an Amphetamine source, a Methamphetamine source, or neither. If you are a California Methadone clinic and an SDRL client, the TLC Confirmation will be automatically performed. If the result of the TLC Confirmation indicates that the Amphetamines class positive result is from the Ephedra Source drugs, you may expect to see a note on the patient's UA report:

High levels of cold medication, diet pills, or other Ephedra source found in specimen.

If you see this message, it is likely that the patient is taking a considerably higher dose than the prescribed dose of the medication. You would only see this notation if a TLC Confirmation has been performed and the Ephedra source is determined to be the likely cause of the result.

Negative Methadone or Methadone Metabolite

It has been our experience during past holiday seasons that there is a higher number of negative results for Methadone, Methadone Metabolite, or for both. There seems to be a higher rate of Methadone diversion during the holidays. If a patient is receiving and consuming a dose higher than 20mg/day, is not pregnant, is not exhibiting signs of withdrawal and does not have any known liver issues, it is expected that the result should be POSITIVE for both Methadone and Methadone Metabolite. A POSITIVE result for Methadone and a NEGATIVE result for Methadone Metabolite is an ABNORMAL result. With this, you may see the following note on the patient's report:

High quantity of Methadone present in specimen. No Methadone Metabolite detected. Methadone appears to have been added to specimen.

We hope that this information is helpful to you with your interpretation of results over the coming months.

Best wishes for a safe, healthy, and happy Cold/Flu/Holiday season to come! As always, we are available to answer any questions you may have. Our Client Service Department may be reached at (800) 677-7995, Monday-Friday, 7am PST to 5pm PST.

??? Did You Know ???

That Diazepam (Valium), Phenobarbital, PCP (Phencyclidine), and Marijuana (THC) can stay in a patient's system for up to 30 days? These drugs have unique characteristics which can cause them to remain in the body longer. Diazepam (Valium) and Phenobarbital have low metabolic rates which means they metabolize slowly; therefore, the drugs take longer to be eliminated from the body. PCP and THC are fat soluble, so they are absorbed into the fatty tissue cells and stored. The exact amount of time these drugs stay in a person's system is dependent upon the drug's dose, solubility and metabolic rate; the metabolism of the patient; and the casual vs. chronic use of the drug.

Submit your Question of the Month or suggestions for future issues of *Toxicology Times* by emailing toxicologytimes@sdrl.com.
We welcome your feedback!

Question of the Month

Question: *I thought that Oxycodone was an opiate. If I'm testing patients for opiates, why is there a separate test for Oxycodone?*

Answer: Oxycodone, like Hydrocodone (common brand names include Vicodin and Lortab) and Hydromorphone (Dilaudid and Palladone), is a semi-synthetic opiate that was developed by scientists. Opiate drug-testing reagents used by laboratories to perform drug tests have sensitivities to Hydrocodone and Hydromorphone, as well as organic opiates Morphine and Codeine. While Oxycodone was first developed in 1916, it was the introduction of Oxycontin to the general public in 1995 that led to a rapid increase in the abuse of the drug and necessitated an Oxycodone drug test be developed. This was long after Opiate reagents, which have very low cross-reactivities to Oxycodone, had been developed. Thus, a separate reagent specifically sensitive to Oxycodone was created and needs to be used.