

# An Assessment of Cardiomegaly and Opioid-Related Death

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## Outline

- Research questions
- Opioid action, classic autopsy findings, and needles in arms: a tense trio
- Methods
- Present data collected at the Jefferson County OCME
- Discussion of findings

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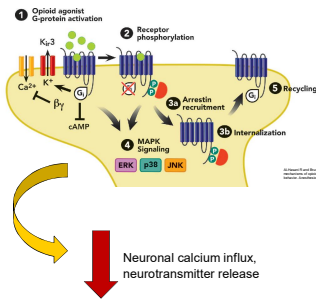
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## Opioid receptors: Signaling



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### Opioid signaling: Sites of action

**1** Spinal cord

**2** Inhibition occurs at spinal cord

**3** Possible site of action

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### Classic autopsy findings in opioid-related deaths

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### Completing the classic triad...

- Opioid-mediated diminished outflow from CNS/spinal cord diminishes micturition reflex → diminished urinary outflow → distended bladder

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**JCOCME Experience: Decedents don't always "read the book."**

- Many decedents who died an opioid-related death do not show classic autopsy findings just described.
- Next-of-kin, friends, or others present around time of death often do not report the decedent displaying signs of a respiratory-driven death, such as snoring or coughing.
- Some decedents who used heroin are found with a needle in their arm, suggesting a relatively rapid death, such as a cardiac event.

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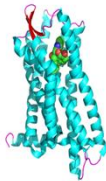
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**...But opioid receptor signaling can be cardioprotective**

- However, there is evidence that activation of the delta-opioid receptor induces cardiac myocyte hibernation, thereby protecting them from cell damage or death in the event of ischemic events.
- This protection may be even greater when kappa-opioid receptors are simultaneously activated.



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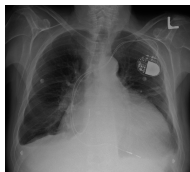
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**Research questions**

- Given the tension among the classic triad, our office's experience, and the putative role of opioid signaling in cardioprotection, do decedents dying opioid-related deaths exhibit cardiomyopathy (e.g. cardiomegaly?)



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**Methods**

- Queried OCME FileMaker database for deaths
- Data range: January 1, 2016 – December 31, 2018
- Deaths due to opioid toxicity vs. control
- Exclusions:
  - Drugs detected at time of death
  - Deaths due to chronic substance use
  - Age < 20 years
  - BMI < 10 kg/m<sup>2</sup>
- Data concerning demographics, BMI, heart weight, body length, body weight were compiled and analyzed using Microsoft Excel

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**Results: Demographics**

Comparison of Mean Baseline Characteristics			Pr > F
	Opioid (n=537)	Control (n=662)	
Age	39.04	46.03	<0.0001
BMI	27.97	27.89	0.8797
Height (in)	68.82	68.85	0.8878
Weight (lb)	189.20	189.06	0.9708

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**Results: Opioid-related death vs. control heart size 1**

Raw heart mass, opioid vs control (grams)

Group	Mean Heart Mass (grams)
Opioid	M = 413.04
Control	M = 422.37

p=0.18

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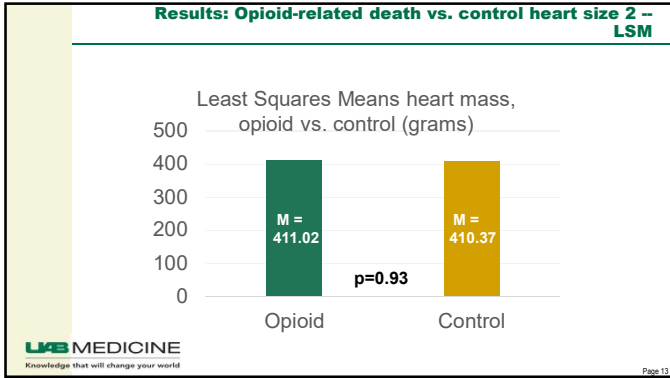
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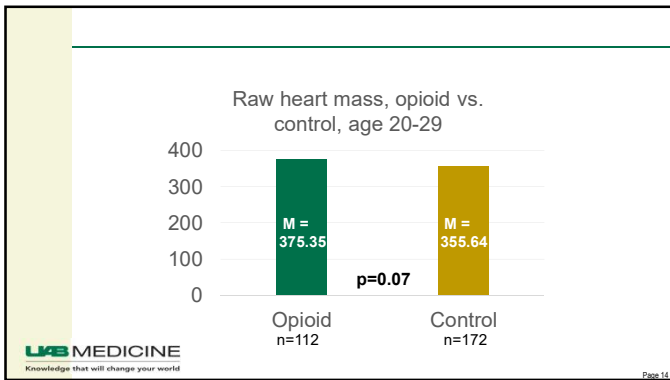
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**Conclusions**

- Opioid-related deaths have spiked in the past two decades, but the exact pathophysiology underlying the cause of death in many opioid-related deaths remains unclear.
- Some decedents dying of opioid-related deaths do have more massive hearts than previously-published references – as do many controls.
- There may be underlying cardiac susceptibility in young adults dying of opioid overdose, but its possible significance may be difficult to assess in older populations with comorbid diseases of aging.

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Discussion



Image: <https://doctorb.info/medical/thoracic-pathology/256.html>

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Thank you!

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References

Slide references:

- 1 Calcaterra S, Glanz J, Binswanger IA. National trends in pharmaceutical opioid related overdose deaths compared to other substance related overdose deaths: 1999–2009. *Drug and Alcohol Dependence*. 2013;131(3):263–270.
- 2 Lewis T. The Normal Size of the Heart Muscle Weight Association for the Publication of the *Journal of Internal Medicine* 1951.
- 3 Rudd RA, Seth P, David F, Scholl L. Increases in drug and opioid-involved overdose deaths—United States, 2010–2015. *Morbidity and Mortality Weekly Report*. 2016;65:1445–1452.

SAMs references:

1. Headrick JP, See Hoe LE, Du Toit EF, et. al. Opioid receptors and cardioprotection- 'opioidergic conditioning' of the heart. *British Journal of Pharmacology* 2015; 172(8): 2026.
2. Pelletier D, Andrew T. Common findings and predictive measures of opioid overdoses. *Academic Forensic Pathology* 2017; 7(1):91.

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**CME Question 1**

- Which of the following represents the classic autopsy findings of an opioid-related death?
- a. Cardiomegaly, cerebral edema, distended bladder
  - b. Pulmonary edema, cerebral edema, distended bladder
  - c. Pulmonary wedge infarct, cardiomegaly, cerebral edema
  - d. Abdominal aortic aneurysm, pulmonary edema, distended bladder
  - e. Cardiomegaly, pulmonary edema, cerebral edema

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**CME Question 2**

- Activation at which of the following opioid receptors induces a cellular hibernation-like state, promoting anti-ischemic effects, thereby partially explaining the cardioprotective mechanism of opioids?
- a. Delta
  - b. Kappa
  - c. Mu
  - d. Nociceptin/orphanin FQ
  - e. Zeta

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**CME Question references**

1. Pelletier D, Andrew T. Common findings and predictive measures of opioid overdoses. *Academic Forensic Pathology* 2017; 7(1):91.
2. Headrick JP, See Hoe LE, Du Toit EF, et. al. Opioid receptors and cardioprotection- 'opioidergic conditioning' of the heart. *British Journal of Pharmacology* 2015; 172(8): 2026.

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