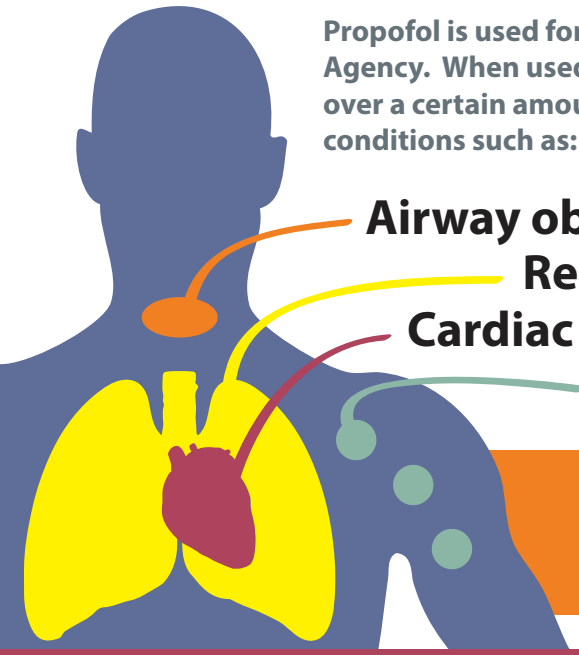
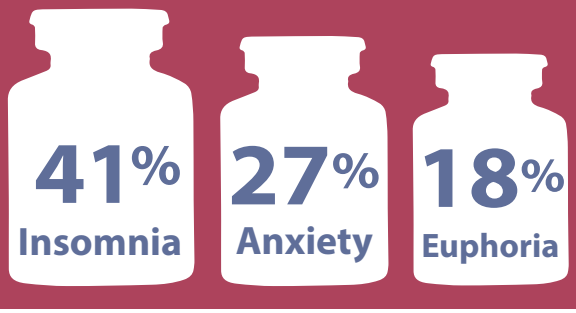
# Understanding Propofol Abuse

Propofol is used for medical sedation and is not regulated by the U.S. Drug Enforcement Agency. When used in a medical setting, dosage amounts are generally small and given over a certain amount of time while patients are monitored for dangerous, albeit rare, conditions such as:



- Airway obstruction
- Respiratory failure
- Cardiac failure
- Decreased $O_2$ levels

**Propofol abusers tend to use higher amounts of the drug, with increasing frequency, and lack medical monitoring, making solitary abuse incredibly dangerous.**




## What is the #1 reported reason for propofol abuse?

According to a recent study published in the Journal of Addiction Medicine, insomnia (or a need to sleep) was the number one reported reason for initially abusing propofol.

Earley P. and Finver T., (2013), *Journal of Addiction Medicine*, 7(3):169-76. doi: 10.1097/ADM.0b013e3182872901

## Patients seeking treatment

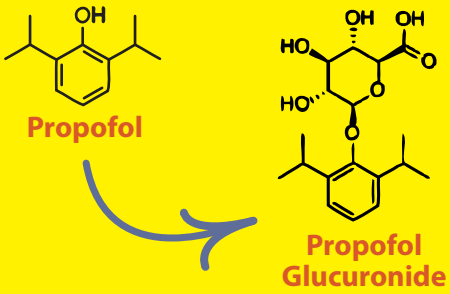
The same study, published in the Journal of Addiction Medicine, reflected a very short time frame between the initial abuse of propofol and presenting to treatment. This could make meeting dependence criteria via the Diagnostic and Statistical Manual (DSM) a little more difficult.

**68%** presented to treatment <4 months after 1st use

**18%** presented to treatment after a single propofol binge

## What is propofol glucuronide?

**Metabolites are the product of metabolism, and propofol glucuronide is a metabolite of propofol. Propofol is processed by the body very quickly, making it a great anesthetic, but also making it incredibly difficult to test for. Therefore, testing for propofol glucuronide, instead of propofol, increases the window of detection.**




## 28 Days

## How long is propofol glucuronide detectable?

Recent research from USDTL indicates that propofol glucuronide is detectable in urine for as long as 28 days following low-dose anesthesia.

USDTL®

*Scan to visit our website www.USDTL.com*