

# THE INTERACTION BETWEEN NITROUS OXIDE, SEVOFLURANE AND OPIOIDS: A RESPONSE SURFACE APPROACH

*Hugo Vereecke, MD, PhD<sup>1</sup>; JH Proost, PhD<sup>2</sup>; Michele Struys, MD, PhD<sup>3</sup>*

UMCG, Groningen, The Netherlands<sup>1</sup>, Hamamatsu University School of Medicine, Hamamatsu, Japan<sup>2</sup>, Bern University Hospital, Bern, Switzerland<sup>3</sup>

---

**Background:** The interaction of sevoflurane and opioids can be described by response surface modeling using the Hierarchical model.<sup>1,2</sup> We expanded this model with the co-administration of nitrous oxide (N<sub>2</sub>O), using data from Katoh et al.<sup>3</sup> on sevoflurane MAC and MAC-BAR reduction by fentanyl with and without 66% N<sub>2</sub>O.

**Methods:** Using the Hierarchical model for sevoflurane and opioids, four potential actions of N<sub>2</sub>O were postulated: (1) N<sub>2</sub>O is equivalent to X vol.% of sevoflurane (additive interaction); (2) N<sub>2</sub>O reduces C<sub>50</sub> of sevoflurane by a factor Y; (3) N<sub>2</sub>O is equivalent to P ng/ml of fentanyl (additive interaction); (4) N<sub>2</sub>O reduces C<sub>50</sub> of fentanyl by a factor Q. Each of these four actions, and any combination of them, was tested to the data using NONMEM, assuming identical interaction parameters (X,Y,P,Q) for movement and sympathetic responses.

**Results:** The influence of 66% N<sub>2</sub>O was best described by a combination of an additive effect corresponding to 0.54 vol.% sevoflurane (X) and an additive effect corresponding to 0.27 ng/ml fentanyl (P). Including the parameters Y and Q did not further improve the fit.

**Conclusion:** With this simple extension the effect of N<sub>2</sub>O can be incorporated in the Hierarchical interaction model and the response surface and the probability of movement and sympathetic responses can be estimated with any combination of sevoflurane, opioids, and N<sub>2</sub>O.

## References:

1. Heyse et al: Anesthesiology 2011: under revision
2. Bouillon et al.: Anesthesiology 2004;100:1353-72
3. Katoh et al.: Anesthesiology 1999;90:398-405