OUD & MAR: Caring for Our Communities

Maine Independent Clinical Information Service • 2018

MICIS
Maine Independent Clinical Information Service

Brief Comparison of MAR Pharmacological Treatments

	Methadone	Buprenorphine	Naltrexone
Mechanism	Agonist	Partial agonist	Antagonist
Actions	• Suppresses withdrawal & craving	• Suppresses withdrawal & decreases cravings • Blocks reinforcing effects of abused opioids	• Displaces mu agonists & blocks effects of opioids • Reinforces abstinence by preventing intoxication and physiological dependence
Pros	• No euphoria at stable doses • FDA approved in pregnancy • Option for severe dependence or buprenorphine treatment failures	• Safer than methadone • Naloxone decreases desirability of misusing by injection • Greater accessibility • Easier than methadone to discontinue	• Any prescriber can prescribe • Not abusable • No opioid side effects • Oral tablets cheapest MAR option
Cons	• Increased respiratory depression, sedation, QT prolongation • Only available at certified facilities • Abuse potential	• Abuse potential • Precipitated withdrawal • Opioid side effects	• Precipitated withdrawal • Increased risk of fatal overdose if using opioids • IM form expensive

Key Points

Addiction is a Disease: Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Evidence-based Treatments are Available: To ensure the best treatment plan, work through a primary care medical home and seek a provider experienced in treating addiction.

Recovery is Possible: Recovery from OUD is best achieved through a combination of self-management, mutual support and professional care provided by trained and certified clinicians.

A Qualified Workforce is Essential: 2.5 million Americans have OUD, yet only 10-40% receive proper treatment. There is a great need to expand the medical and counselling workforce to address this treatment gap.

(Adapted from ASAM materials, used by permission; CDC data)

Take Home Messages

- The words you use to describe OUD and an individual with OUD are powerful.
- Opioid dependence is a chronic disease and may require long-term treatment.
- Buprenorphine does not "trade one drug for another." Many patients on buprenorphine return to 'normal' life functioning (i.e. avoid crime, maintain employment, fulfill parenting obligations).
- Medication-assisted recovery generally retains 50% of patients at one year. Abstinence-based recovery retains 10%.
- Physicians, physician assistants and nurse practitioners should consider treating opioid use disorder by becoming a certified buprenorphine prescriber or implementing naltrexone use.
- Treat acute pain in patients in recovery first with candid conversation. Maximize non-opioid and non-pharmacological therapies. Split or increase recovery medications, add short-acting, short-term opioids as a last resort and discuss the risk of relapse.
- Provide naloxone prescriptions for all patients in recovery, as well as anyone who might witness an overdose.

DSM-5 Criteria for Opioid Use Disorder

A problematic pattern of opioid use leading to clinically significant impairment or distress, as manifested by at least _____ of the following, occurring within a 12-month period [Mild=2-3, Moderate=4-5, Severe=>5]:

Opioids are often taken in _____ amounts or over a longer time than was intended.

There is a persistent _____ or unsuccessful efforts to cut down or control opioid use.

A great deal of _____ is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.

_____, or a strong desire or urge to use opioids.

Recurrent opioid use resulting in _____ to fulfill major role obligations at work, school, or home.

Continued opioid use _____ having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.

Important social, occupational, or recreational activities are _____ or reduced because of opioid use.

Recurrent opioid use in situations in which it is physically _____.

Continued opioid us despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been _____ or exacerbated by the substance.

Tolerance* - need for markedly increased amounts of opioids to achieve intoxication/desired effect or markedly diminished effect with continued use of the same amount of an opioid.

Withdrawal* - characteristic opioid withdrawal syndrome or opioids are taken to relieve or avoid withdrawal symptoms.

**Criteria are not applied to individuals taking opioids by prescription as most on chronic, higher doses have tolerance and withdrawal. (Reprinted with permission from Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, American Psychiatric Association. Copyright 2013. All rights reserved.)*

Summary of Buprenorphine Training Options: Which One Is Right for You?

- FREE COURSES FOR ALL PRESCRIBERS: GOVERNMENT FUNDED
  https://pcssnow.org/education-training/mat-training/
- ONLINE COURSES FOR ALL PRESCRIBERS: $199 TUITION
  https://www.buppractice.com/
- PHYSICIAN COURSES: $199 TUITION
  https://www.asam.org/education/live-online-cme/buprenorphine-course
- PA-NP: PHARMACEUTICAL INDUSTRY SPONSORED
  https://www.asam.org/education/live-online-cme/buprenorphine-course

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