

# Opioid Use Disorder (OUD) & Medications for Opioid Use Disorder (MOUD)

Maine Independent Clinical Information Service, 2022



## 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 or with addiction treatment support.

**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)*

## Diagnosing Opioid Use Disorder using DSM-5 Criteria

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

### Impaired Control

- ▶ Larger amounts or longer than intended
- ▶ Unsuccessful efforts or desire to cut down or control use
- ▶ Excessive amounts of time to obtain, use, recover from use
- ▶ Craving

### Social Impairment

- ▶ Work/school/home role impairment
- ▶ Social/interpersonal problems exacerbated by use
- ▶ Social, recreational, occupational activities reduced or given up

### Risky Use

- ▶ Use in physically hazardous situations
- ▶ Continued use despite physical or psychological problem caused by use

### Pharmacological Properties *(does not apply to prescribed opioids)*

- ▶ Tolerance
- ▶ Withdrawal

*(Adapted from: Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, American Psychiatric Association. Copyright 2013.)*

\*\*ICD-10 diagnosis of OPIOID DEPENDENCE requires three of the above diagnostic criteria and generally correlates with moderate OUD.

## Brief Comparison of MOUD Pharmacological Treatments

	Metadone	Buprenorphine	Naltrexone
Mechanism	Agonist	Partial agonist	Antagonist
Actions	<ul style="list-style-type: none"> <li>• Suppresses withdrawal &amp; craving</li> </ul>	<ul style="list-style-type: none"> <li>• Suppresses withdrawal &amp; decreases cravings</li> <li>• Blocks reinforcing effects of misused opioids</li> </ul>	<ul style="list-style-type: none"> <li>• Displaces mu agonists &amp; blocks effects of opioids</li> <li>• Reinforces abstinence by preventing intoxication and physiological dependence</li> </ul>
Pros	<ul style="list-style-type: none"> <li>• No euphoria at stable doses</li> <li>• FDA approved in pregnancy</li> <li>• Option for severe dependence or buprenorphine treatment failures</li> </ul>	<ul style="list-style-type: none"> <li>• Safer than methadone</li> <li>• Naloxone decreases desirability of misusing by injection</li> <li>• Greater accessibility</li> <li>• Easier than methadone to discontinue</li> </ul>	<ul style="list-style-type: none"> <li>• Any prescriber can prescribe</li> <li>• No misuse</li> <li>• No opioid side effects</li> <li>• Oral tablets low cost but much less efficacy</li> </ul>
Cons	<ul style="list-style-type: none"> <li>• Increased respiratory depression, sedation, QT prolongation</li> <li>• Only available at certified facilities</li> <li>• Misuse potential</li> </ul>	<ul style="list-style-type: none"> <li>• Misuse potential</li> <li>• Precipitated withdrawal</li> <li>• Opioid side effects</li> </ul>	<ul style="list-style-type: none"> <li>• Precipitated withdrawal</li> <li>• Increased risk of fatal overdose if using opioids</li> <li>• IM form very expensive (but more effective and recommended)</li> </ul>

## Take Home Messages

- ▶ The words you use to describe OUD and an individual with OUD are powerful.
- ▶ Opioid use disorder is a chronic disease which often requires long-term treatment. Patients have increased mortality risk life-long.
- ▶ Stable patients on MOUD frequently return to usual life functioning. They “trade one drug for...” a medication to stabilize chronic disease.
- ▶ Medications for addiction treatment retain ~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 waived buprenorphine prescriber or implementing naltrexone use. Additional training is no longer required and support is available through many channels.
- ▶ Treat acute pain in patients in recovery first with candid conversation. Maximize non-opioid and non-pharmacological therapies. Use acute opioids as indicated with informed consent. Do NOT stop buprenorphine (in most cases).
- ▶ Provide naloxone prescriptions and take-home for all patients in recovery, as well as anyone who might witness an overdose. In Maine, it is the only prescription drug legal for third party use.

### Education Statement

This monograph was created in support of accompanying live educational activities. This monograph is not approved for medical education credit.

**FMI:** Maine Independent Clinical Information Service (MICIS) c/o Maine Medical Association, [MICISMaine.org](http://MICISMaine.org), 207.622.3374