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

Maine Independent Clinical Information Service

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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: Many patients with substance use disorders can receive care through primary care services. Some patients may need care in more focused or specialized settings.

Recovery is Possible: For almost all patients with OUD, medications are the first step to recovery. Peer coaching, behavioral counselling, mutual support and self-management can augment a person's recovery.

A Qualified Workforce is Essential: A significant number of people with substance use disorders do not receive proper treatment. There is a great need to expand the medical and counselling workforce to address treatment gaps.

(Adapted from ASAM materials, used by permission)

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
- A desire to or unsuccessful efforts to cut down or control use
- Excessive amounts of time spent 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

	Buprenorphine	Methadone	Naltrexone
Mechanism	Partial agonist	Agonist	Antagonist
Actions	• Suppresses withdrawal & decreases cravings • Blocks reinforcing effects of misused opioids	• Suppresses withdrawal & craving	• Displaces mu agonists & blocks effects of opioids • Reinforces abstinence by preventing intoxication and physiological dependence
Pros	• Any DEA registered prescriber can prescribe • Safer than methadone • Naloxone decreases reinforcing effects of misusing by injection • Greater accessibility	• No euphoria at stable doses • FDA approved in pregnancy • Option for severe dependence or buprenorphine treatment failures	• Any prescriber can prescribe • No misuse • No opioid side effects
Cons	• Precipitated withdrawal • Opioid side effects • Misuse potential - uncommon	• Increased respiratory depression, sedation, QT prolongation • Only available at certified facilities with frequent visits • Misuse potential	• Precipitated withdrawal • Increased risk of fatal overdose if using opioids • Expense of the recommended IM formulation

Take Home Messages

- Opioid use disorder is a chronic disease which often requires long-term treatment. Patients have increased mortality risk life-long (it decreases while on medication but never returns to baseline).
- Stable patients on MOUD frequently return to usual life functioning.
- Abstinence is not an evidence-based OUD treatment.
- Treat acute pain in patients in recovery (and those using street opioids) with discussion, informed consent, non-pharmacological therapies and non-opioid medications. When indicated, use brief courses of acute opioids (often at higher than usual doses). Do NOT stop buprenorphine or methadone.
- Provide naloxone prescriptions and take-home doses 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.

Disclaimer

These are general recommendations only; specific clinical decisions should be made by the treating healthcare provider based on an individual patient's clinical condition.

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