Buprenorphine Treatment in a Primary Care Practice

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DEFINITIONS

- **Opiate:**
  Any sedative narcotic containing opium or any of its derivatives.
  - Morphine, Heroin, Codeine

- **Opioid:**
  Any compound, synthetic or naturally occurring, with opiate-like properties.
  - Oxycodone, Hydrocodone, Methadone, Fentanyl, Hydromorphone, Buprenorphine

COURTESY CDC
91 AMERICANS
die every day from an opioid overdose
(that includes prescription opioids and heroin).
Nearly half of all opioid overdose deaths involve a prescription opioid.
Each day, more than **1,000 PEOPLE** are treated in **emergency departments** for not using prescription opioids as directed.
The True Tale of America’s Opiate Epidemic

DREAMLAND

SAM QUINONES

WITH A NEW AFTERWORD BY THE AUTHOR
DRUG ABUSE TREATMENT ACT (DATA) 2000

- Allows office based treatment of opioid addiction using buprenorphine
- Requires completion of 8 hour course
- Physician receives a second DEA number
- Number of patients under treatment is limited
BUPRENORPHINE

- Semisynthetic thebaine derivative
- Developed in the late 1970’s as an analgesic
- Released in US 1981
- Very limited use in US as an analgesic
- DATA 2000 led to use as an office based addiction treatment.
BUPRENORPHINE

- Partial mu agonist
- High affinity for mu receptors
- Long half life
- Plateau of respiratory depression
- Poor po absorption
- Pregnancy category C
BUPRENORPHINE FORMULATIONS

- Sublingual/buccal
  - Subutex
    - Buprenorphine: 2 mg, 8 mg tablets
  - Suboxone
    - Buprenorphine/Naloxone: 2/0.5, 4/1, 8/2, 12/3 (tablets and films)
  - Buavil
    - Buprenorphine/Naloxone: 2.1/0.3, 4.2/0.7, 6.3/1.0 (films)
  - Zubsolv
    - Buprenorphine/Naloxone: 1.4/0.36, 5.7/1.4 (tablets)
TREATMENT

- Baseline labs
  - Hepatitis B, C, HIV. Urine HCG
  - Drug Screen (urine, oral fluid)

- Treatment contract, controlled substance agreement

- Three Phases of Treatment
  - Induction
  - Stabilization
  - Maintenance
TREATMENT

- Patient must be in withdrawal
  - Consider monitored first dose.
- Dosing
  - Buprenorphine naïve: 4 mg/d. Increase as needed
  - Prior Buprenorphine treatment: Individualize
- Counseling
- Follow up
- Narcan
MAINTENANCE VS TAPER/DISCONTINUATION

- Data favors maintenance
  - Approximately 88% positive urine drug tests at 3 months post-taper in one major NIDA funded study -- Ling et al., 2009
- Dose tapering only after 6 consecutive opiate free months
- Data favors longer dose taper
  - My protocol: 1-4mg/d/mo
- Consider Naltrexone long term
MANAGING WITHDRAWAL

- **Clonidine** 0.1 mg PO q 6-8 hours PRN lacrimation, diaphoresis, rhinorrhea, piloerection, yawning
- **Loperamide** (Imodium) 4mg at initial experience of diarrhea, then 2mg pm not to exceed 16 mg/24h;
- **Acetaminophen** 500-1000 mg q 4-6 hrs, **ibuprofen** 600 mg q 8 hrs, or **naproxen** 500 mg q 12 hrs pm myalgias or arthralgias
- **Hydroxyzine** (vistaril) 25-50 mg every 6 pm anxiety
- **Trazodone** 50 mg, 1-2 tabs at bedtime for sleep
- **Prochlorperazine** 10 mg, 1 tablet every 6 hours pm nausea
SPECIAL CONSIDERATIONS

- Impact on Practice
  - Partners, Waiting room
  - Physician/Patient relationship
  - Consider what you are treating
  - Treatment failures
  - Diversion
REFERENCES

- **General Information:**
  - https://www.drugabuse.gov/
  - https://www.overdosefreepa.pitt.edu/
  - https://www.samhsa.gov/medication-assistedtreatment/treatment/buprenorphine

- **Buprenorphine Formulations:**
  - https://www.buppractice.com/node/5849

- **Narcan Administration:**
  - https://www.youtube.com/watch?v=v26cDao4AcI