OFFICE BASED TREATMENT OF OPIOID USE DISORDER

Scott Abrams M.D

Medical Director for Coordinated and Correctional Medicine

MEDICATION ASSISTED TREATMENT

- Opioid Replacement Treatment (ORT)
  - Methadone: full opioid agonist that can only be prescribed for OUD in an Opioid Treatment Program (OTP – methadone clinic)
  - Buprenorphine: partial opioid agonist that can be prescribed by anyone with a valid DEA license to prescribe controlled substances.

Non-Opioid Treatment

Naltrexone: opioid receptor antagonist (long acting Narcan)

BUPRENORPHINE

- Partial Agonist at the opioid (mu) receptor which provides some distinct advantages over a full agonist
  - -Decreased abuse potential

    -Ceiling effect on euphoria and respiratory depression

    -Can be dosed once daily (half-life of >24 hours)

    -Safe to use in pregnancy with decreased severity of neonatal abstinence syndrome

  High Affinity for Opioid Receptor: Displaces full agonists and can cause precipitated withdrawal.

  Comes in Tablets, Sublingual Strips, and Long-Acting Injections

  Suboxone: buprenorphine with naloxone in 4:1 ratio to decrease abuse potential

BUPRENORPHINE INDUCTION

- Determine Severity of OUD (DSM -5 Criteria for OUD)
- Determine Withdrawal Severity (COWS)
- Patient needs to be in at least mild to moderate withdrawal (COWS of 10 or higher)
- Last opioid use 6-12 hours ago (with short acting opioids), longer for long-acting opioids (1-5 days).
- With fentanyl, we often employ microdosing (0.5-1mg to start)
- 2-4 mg every 2-4 hours to suppress withdrawal symptoms up to 8mg on day one.
- Up to 8 mg on day one, then titrate every few days to weeks to suppress cravings. Usual maintenance range is 12-16mg/day.
- https://www.samhsa.gov/sites/default/files/quick-start-pocket.pdf

DSM-5 CRITERIA FOR OUD

Check all that apply

	Opioids are often taken in larger amounts or over a longer period of time than intended.
	There is a persistent desire or unsuccessful efforts to cut down or control opioid use.
	A great deal of time is spent in activities necessary to obtain the opioid, use the opioid, or recover from its effects.
	Craving, or a strong desire to use opioids.
	Recurrent opioid use resulting in failure to fulfill major role obligations at work, school or home.
	Continued opioid use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of opioids.
	Important social, occupational or recreational activities are given up or reduced because of opioid use.
	Recurrent opioid use in situations in which it is physically hazardous
	Continued use despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by opioids.
	*Tolerance, as defined by either of the following: (a) a need for markedly increased amounts of opioids to achieve intoxication or desired effect (b) markedly diminished effect with continued use of the same amount of an opioid
	*Withdrawal, as manifested by either of the following: (a) the characteristic opioid withdrawal syndrome (b) the same (or a closely related) substance are taken to relieve or avoid withdrawal symptoms

Total Number Boxes Checked: _____

Severity: **Mild**: 2-3 symptoms. **Moderate**: 4-5 symptoms. **Severe**: 6 or more symptoms

COWS

Resting Pulse Rate: _____beats/minute *Measured after patient is sitting or lying for one minute* 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120	**GI Upset**: *over last 1/2 hour* 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 multiple episodes of diarrhea or vomiting
Sweating: *over past 1/2 hour not accounted for by room temperature or patient activity.* 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face	**Tremor** *observation of outstretched hands* 0 no tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching
Restlessness *Observation during assessment* 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 unable to sit still for more than a few seconds	**Yawning** *Observation during assessment* 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute
Pupil size 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible	**Anxiety or Irritability** 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable or anxious 4 patient so irritable or anxious that participation in the assessment is difficult
Bone or Joint aches *If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored* 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort	**Gooseflesh skin** 0 skin is smooth 3 piloerrection of skin can be felt or hairs standing up on arms 5 prominent piloerrection
Runny nose or tearing *Not accounted for by cold symptoms or allergies* 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks	Total Score _____ The total score is the sum of all 11 items Initials of person completing assessment: _____

Score: 5-12 = mild; 13-24 = moderate; 25-36 = moderately severe; more than 36 = severe withdrawal

NALTREXONE

- Opioid Receptor Antagonist: High affinity for the opioid receptor, meaning it will precipitate withdrawal in someone still physically dependent on opioids.
- Patient must be through withdrawal and be opioid-abstinent (ideally 2 week of abstinence).
- Shown not to be inferior to buprenorphine for OUD when patients are compliant, although buprenorphine has a higher retention rate for treatment.
- Once daily dosing (usually 50mg) orally, or long-acting injectable (Vivitrol)
- Should be avoided in those with AST and ALT > 5x the upper limit of normal.

OFFICED BASED MAT

- Frequent visits
- Routine Drug Screens
- Controlled Substance Care Agreement
- Clear Explanation of Expectations: Abuse, Diversion, Relapse, Lost Prescriptions etc. . .
- Counseling, Patient Participation in Recovery Activities

HOW TO REFER TO THE COORDINATED CARE CLINIC

Place a referral by entering
CON30N00006

or simply search for coordinated care

TO CLAIM CME CREDIT
MUST COMPLETE BY 12-29-25

- Scan QR Code or click on the link below-

- iPhone: use camera to take you to the site
- QR Code Reader App
- Snap Chat (take a snap!)
- Facebook (“Explore” – QR Code)

https://survey.alchemer.com/s3/7645302/CME-Clinical-Updates-ENDURING-MATERIAL

- Contact carla.griffin@centracare.com with questions or for a CME transcript.