

BUPRENORPHINE TREATMENT: A TRAINING FOR MULTIDISCIPLINARY ADDICTION PROFESSIONALS

Module IV - Identification of Patients for Buprenorphine Treatment



Module IV – Goals of the Module

This module will help participants to:

- Define the components of the patient selection process
- Demonstrate the ability to understand the concept of opioid addiction and how a diagnosis is achieved
- Demonstrate an understanding of appropriate patient selection for office-based treatment

Module IV – Goals of the Module, Continued

This module will help participants to:

- List circumstances where someone may not meet full criteria for opioid addiction and yet still be appropriate for office-based treatment
- Describe the medical contraindications for buprenorphine treatment
- Understand the perspectives of patients who are receiving buprenorphine treatment

Where Are Opioid-Addicted Patients Seen?

- Pain clinics
- Doctors' offices
- Psychiatric clinics
- Outpatient treatment centers
- Residential treatment programs
- Methadone clinics
- Health care clinics
- Infectious disease clinics
- Courts
- Etc...

Who is Appropriate for Buprenorphine Treatment?



Patient Selection: Assessment Questions

- Is the patient addicted to opioids?
- Is the patient aware of other available treatment options?
- Does the patient understand the risks, benefits, and limitations of buprenorphine treatment?
- Is the patient expected to be reasonably compliant?
- Is the patient expected to follow safety procedures?

Patient Selection: Assessment Questions

- Is the patient psychiatrically stable?
- Is the patient taking other medications that may interact with buprenorphine?
- Are the psychosocial circumstances of the patient stable and supportive?
- Is the patient interested in office-based buprenorphine treatment?
- Are there resources available in the office to provide appropriate treatment?

Patient Selection: Issues Involving Consultation with the Physician

Several factors may indicate a patient is less likely to be an appropriate candidate, including:

- Patients taking high doses of benzodiazepines, alcohol or other central nervous system depressants
- Significant psychiatric co-morbidity
- Multiple previous opioid addiction treatment episodes with frequent relapse during those episodes (may also indicate a perfect candidate)
- Nonresponse or poor response to buprenorphine treatment in the past

Patient Selection: Issues Involving Consultation with the Physician

Several factors may indicate a patient is less likely to be an appropriate candidate, including:

- Active or chronic suicidal or homicidal ideation or attempts
- Patient needs that cannot be addressed with existing office-based resources or through appropriate referrals
- High risk for relapse to opioid use
- Poor social support system

Patient Selection: Issues Involving Consultation with the Physician

Pregnancy

- Currently buprenorphine is a Category C medication. This means it is not approved for use during pregnancy.
- Studies conducted to date suggest that buprenorphine *may be* an excellent option for pregnant women.
- Randomized trials are underway to determine the safety and effectiveness of using buprenorphine during pregnancy.



Specific Research on Buprenorphine and Pregnancy

- Case series in France: safe and effective, possibly reducing NAS

- One preliminary study in US:

Jones et al; Drug Alcohol Depend, July 1, 2005; 79(1): 1-10.

Buprenorphine versus methadone in the treatment of pregnant opioid-dependent patients: effects on the neonatal abstinence syndrome.

Specific Research on Buprenorphine and Pregnancy Jones et al, 2005, cont

- Head to head randomized blinded comparison between methadone and buprenorphine in pregnant women
- Women admitted during second trimester
- One statistically significant finding: **shorter stay for bup**
- Other trends for bup: **fewer infants treated for NAS, less NAS medication used.**
- Multi-site trial in progress now.

Summary: Opioid Addiction and Pregnancy

- Methadone maintenance is still the treatment of choice and standard of care in the US.
- Buprenorphine treatment is possible, evidence still lacking.
- Detoxification is relatively contraindicated unless done in hospital with monitoring.

Patient Selection: Issues Involving Consultation with the Physician

- Patients with these conditions must be evaluated by a physician for appropriateness prior to buprenorphine treatment:
 - Seizures
 - HIV and STDs
 - Hepatitis and impaired hepatic function
 - Use of alcohol, sedative-hypnotics, and stimulants
 - Other drugs

Patient Selection: Additional Details

- Suitability determined by a physician
- What is the relevance to counselors?
 - Patient's appropriateness may change during treatment
 - Potential patients or other providers may inquire about treatment
 - More useful and informed communication with physician

Patient Selection

- Patients who do not meet criteria for opioid addiction may still be appropriate for treatment with buprenorphine
 - Patients who are risk of progression to addiction or who are injecting
 - Patients who have had their medication discontinued and who are now at high risk for relapse

Case Studies: "Put Your Smack Down!" A video from the O.A.S.I.S. Clinic, Oakland, CA

Group discussion of cases presented in

"Put Your Smack Down! A Video about Buprenorphine"

Module IV – Summary

- Not all opioid-addicted patients are good candidates for office-based buprenorphine treatment.
- Ten simple criteria can help to guide assessment of appropriateness for buprenorphine treatment.
- Patients who have certain medical conditions such as HIV, STDs, hepatitis, etc., should be carefully screened by a physician prior to being started on buprenorphine.