Recognising and Managing Opiate Dependence

Recognising Opiate dependence

- Dependent on what?
- In past the issue was often heroin –illicit drug, very expensive, often leading to a certain type of lifestyle. Often not seen by GPs
- Now more commonly it is dependence on licit opiates- prescribed or over the counter
- More GPs are dealing with and in fact responsible for these patients.

Case Study -Sean

- Sean is a 50 year old delivery driver
- Has been struggling with long term low back pain.
- Ankle fracture in motor car accident 2 years ago.
- Occasionally sees a GP for Panadeine forte when pain is too severe.
- In general takes over the counter medications –
  - For the past 2 years has gradually increased and is now taking:
  - 1 packet Nurofen plus and 1 packet Panadeine a day

Codeine Rescheduled Feb 2018

- What does Sean do from here?
- Does he
  - A: Realise these medications are problematic, take a deep breath and quit
  - B: Recognise that he has a drug problem and call his local Local AOD service- presuming he knows how to do so
  - C: Go to a GP to ask for a script

At the GP

- When Sean presents to the GP, what will he say?
  - A: As a result of recent Government policy changes I now realise I have an addiction problem and need your help
  - B: I have bad pain , codeine works and I need you to prescribe it for me
  - C: I am sick Doc. I wake up unwell every morning with stomach pains, diarrhoea, sweats and pain. Only the medication seems to help

GP Response

- What would you say to Sean?

- Will you :
  - A: Tell him he's an addict and a doctor shopper and kick him out –banning him from being seen at the clinic in the future
  - B: Prescribe Sean some Panadeine forte but tell him it's a "one off script"
  - C: Take a thorough history, perform a full examination. Assess the patient as being unwell with substance use disorder –opiates. Suggest there may be another medication to help. Apply for permit for Buprenorphine and commence prescribing
  - D: Other response

Case Study Two

- David -47 yo man

- Prescribed MS Contin for the past 5 years for chronic back pain
- Was started at hospital Emergency Department 15mg bd
- Gradually increased by his GP as pain remained bad
- Seen by pain clinic –recommended adding Lyrica

Case Study 2

- Over last few months has been coming in early for scripts, complaining that he lost medication or he needed extra as his pain had increased.
- Tended to see different doctors in the practice –each just continued the scripts
- He had stopped working, he had become severely depressed. His weight had ballooned to 135kg
- He had tried to reduce his medication but struggled and went back to his now high dose of 80mg TDS

Diagnosis

- What are Sean and David suffering from?

Opioid use disorder

- **Severity: Mild: 2-3 symptoms/ Moderate: 4-5 symptoms/ Severe-more than 5**
- 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 need for markedly increased amounts of opioids to achieve intoxication or desired effect
  - Markedly diminished effect with continued use of the same amount of an opioid
- Withdrawal, as manifested by either of the following:
  - The characteristic opioid withdrawal syndrome
  - The same (or a closely related) substance are taken to relieve or avoid withdrawal symptoms

Opioid Use Disorder (cont)

- 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 fulfil 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

- What assistance could you offer Sean and David?

- What are the treatment options?
  - Detox
  - Rehabilitation
  - Gradual reduction

Medication Assisted Treatment of Opiate Dependence

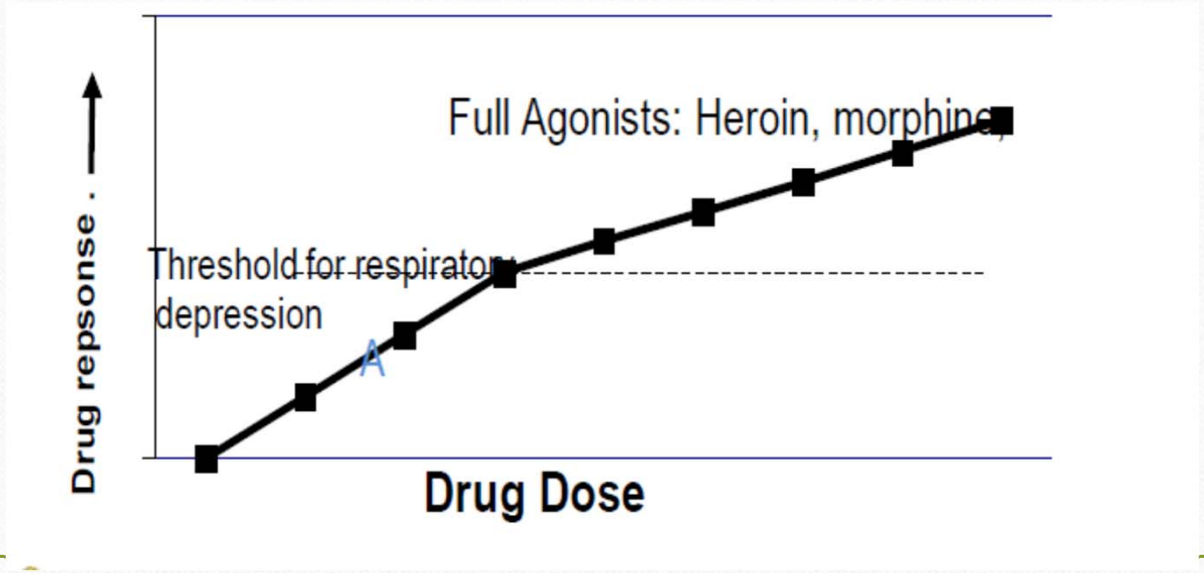
- David
- Pharmacy arranged
- Permit application for Buprenorphine sent and permit received
- Commenced on 8mg day 1, 16mg day 2
- Seemed OK for a few days but then feeling unwell prior to dose –increased to 20mg daily.

Opiate Substitution Therapy

- Methadone / Buprenorphine
  - Reduce mortality
  - Improve function
  - Increase employment
  - Reduce BBV Transmission (with IVDU)
  - Improve mental Health Morbidity
  - Reduce pain

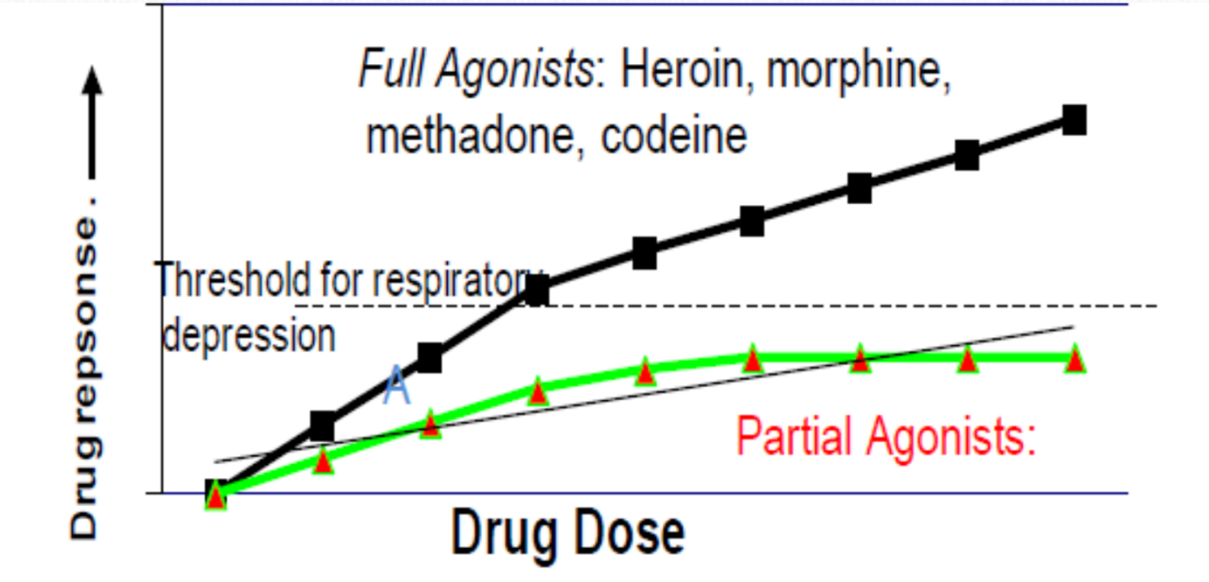
Classification of Opioids

- Most opioids are **FULL** receptor agonists



Buprenorphine is a Partial receptor agonist

- Very high receptor affinity
  - Much greater than methadone/ heroin/ morphine/ codeine
  - Similar affinity to naloxone/ naltrexone



Buprenorphine

- High dose: **opioid dependent patients**
  - Suboxone™: (buprenorphine-naloxone in 4:1 ratio) 2mg and 8mg sublingual film
    - The naloxone reduces injecting & diversion (causes precipitated withdrawal if injected)
  - Subutex ™ : (0.4, 2 and 8mg sublingual tablets (pregnancy and breastfeeding)
- Low does: pain management in **non-dependent patients**
  - Temgesic ™ : 0.2mg sublingual tablets
  - Norspan ™ : topical 7[day patches: continuous release

Buprenorphine pharmacology

- Sublingual film (minimal GI absorption)
- Onset effects within 1 hour, peak 1-4 hrs
- Duration up to 72 hours, dose dependent
- Reduces effects other opioid analgesics
- Side effects: similar to other opioids
  - Headaches, constipation, sweating, nausea
- Low overdose risk unless combined with other sedatives

Buprenorphine: dose effects

- In opiate dependent individuals
  - 4-8mg initial dose treats withdrawal
  - >12-20mg required to achieve 24 hour blockade of receptors and adequate pain relief

Buprenorphine/Suboxone

- 'Ceiling' opioid effects with increased doses
  - No increase in sedation with doubling or tripling daily dose
  - Allows for 2-day or 3-day dosing in some patients
- In individuals with low opioid tolerance
  - Maybe some sedation
  - High doses don't cause respiratory depression
  - Deaths reported in combination with other sedatives (EtOH, BZDs, antipsychotics, antihistamines etc but generally extremely safe – Much safer than continuing to prescribe other opiates

Process for Prescribing Buprenorphine

Permit & Pharmacy Induction

Maintenance Treatment

Take Aways

Permits for buprenorphine/ naloxone

- A prescriber must obtain a permit from the Victorian Department of Health & Human Services **prior to commencing** treatment in an opioid dependent patient
  - This reduces the risk of double dosing a patient on the same day
  - On cessation of treatment, the prescriber should terminate the permit

Training

1. In Victoria any prescriber may treat up to five patients with buprenorphine/ naloxone (Suboxone®), without formal training but still **must** obtain a permit for each patient
2. Before prescribing methadone, buprenorphine or for more than 5 patients with buprenorphine/ naloxone prescribers must have attended training and be approved to prescribe

Pharmacy supervised dosing

- Advantages
  - Minimises diversion to others
  - Minimisers misuse of medication (eg injecting)
  - Increases medication adherence
  - Increases engagement with health services
  - Monitors compliance
- Disadvantages
  - Inconveniences to patients
  - Increases costs to patients
  - Creates barrier to social re-integration

Pharmacy Involvement

- Patient must source and communicate with pharmacy prior to permit application
- Confirm arrangements with pharmacy
- Single pharmacy must be nominated on the permit
- Obtain and certify a photo for the pharmacy's records
- Enclose certified photo with first prescription (once permit obtained!)

Buprenorphine induction

- Main issue of buprenorphine is *precipitated withdrawal* (with **first** dose)
- In patient who has recently used opioids, Buprenorphine may precipitate a withdrawal as it displaces full agonists

Starting buprenorphine dosing - timing

Day 1:

- Delay first Buprenorphine dose until patient in **early opioid withdrawal**
- Possible symptoms/ signs of withdrawal:
  - Dilated pupils
  - Sweating and piloerection
  - Runny nose, runny eyes
  - Diarrhoea, abdo cramps
  - Nausea, vomiting
  - Increased pain
- Timing of withdrawal onset – discuss with your patients

Starting buprenorphine dosing - dosing

- Day 1 dose
  - Aim for 4 – 8mg on first day (treats withdrawal symptoms)
  - An additional dose up to a total of 8mg on the first day if the lower dose is tolerated

Reviewing buprenorphine dosing

- Increase dose on following days
  - Dose can be increased daily for the first few days
  - Requires review of progress within first 2-3 days
  - Aim for 12-16mg/ day by 3rd dose, then titrate to clinical effect (see next slide)
  - Aim to get to 'target' quickly: higher satisfaction and retention
  - Ensure dose is an 'even' number of mg

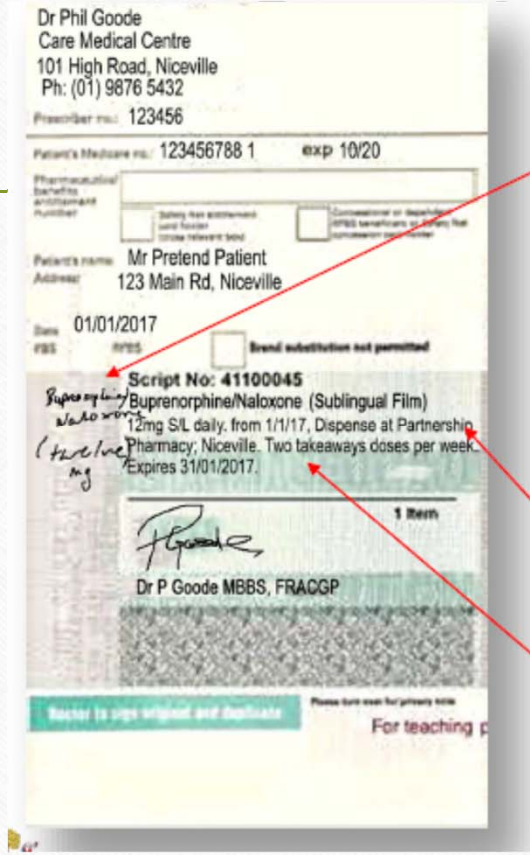
Reviewing buprenorphine dosing

- If does 'too high':
  - **Post-dose** sedation or nausea
- If dose 'too low':
  - **Pre-dose** withdrawal symptoms (craving thoughts, anxiety, muscle ache etc)
  - Or, doesn't last 24 hours

Buprenorphine dosing regimens

- Maintenance treatment
  - Individually titrate dose to achieve treatment goals (stop use of other opioids, prevent withdrawal, "feel normal")
  - Most patients need 12-24mg (up to 32mg max) buprenorphine daily
- Withdrawal treatment
  - Short programs (7-10 days)
  - 2-3 day induction, then taper dose to 0mg over 3-7 days
  - Patients may describe mild rebound opioid withdrawal symptoms on stopping buprenorphine (brief)
  - Avoid other sedatives (eg BZDs)

Prescription for Buprenorphine


Dr Phil Goode
Care Medical Centre
101 High Road, Niceville
Ph: (01) 9876 5432
123456
123456788 1 exp 10/20
Mr Pretend Patient
123 Main Rd, Niceville
01/01/2017
Brand substitution not permitted
Script No: 41100045
Buprenorphine/Naloxone (Sublingual Film)
12mg S/L daily. from 1/1/17, Dispense at Partnership Pharmacy; Niceville. Two takeaways doses per week.
Expires 31/01/2017.
1 Item
Dr P Goode MBBS, FRACGP
Doctor to sign original and duplicate
For teaching

- Name of preparation
- Dose in words and figures
- Frequency of dosing
- Date of first & last dose, (amount not required)
- Name of pharmacy
- +/- additional instructions (e.g. takeaways dose)

Maintenance dosing regimes

	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7
Examples of Maintenance Dosing Regimes							
A	8mg	12mg	16mg	16mg	16mg	16mg	16mg
B	8mg	12mg	16mg	16mg	24mg	24mg	24mg
C	4mg	8mg	12mg	12mg	12mg	12mg	12mg
D	8mg	16mg	16mg	12mg	12mg	12mg	12mg

‘Take-away’ doses of buprenorphine

- Medication dispensed from pharmacy for later consumption
- **Prescriber** has responsibility for authorising
- Take-away doses should **balance** the need to normalise their lives vs minimising the risk to the community

'Take Away' Doses of Buprenorphine

- Three questions to ask:
  1. Is there a **REASONABLE** need for take-away doses?
  2. Has a **PERIOD** of continuous and stable treatment been established?
  3. Have you performed a **RISK** assessment?
     - Drug use: self-report & objective measures (urine drug screen)
     - Adherence to appointments and dosing
     - Safety of T/A doses (safe storage, history of abuse)
     - Medical/ psychiatric/ social (& child safety) conditions
- DHHS has patient stability assessment checklist
- TIPS: contact the pharmacy to check the regularity of dosing and the patient's progress

Things to remember…

- Alternate day buprenorphine dispensing
- Responding to continued drug use

Lots of Help Available!!!

- Pharmacotherapy Networks in your area
- Includes specialist phone/teleconference support- may even allow for visits by a GP with special interest in this area to your practice to help
- DACAS1800 812 804
- DPRU Website

Where to From Here?

- Continually assess all your patients who are taking opiate medications
- If they meet the criteria for dependence –consider changing medication to Buprenorphine/Suboxone
- Contact pharmacies and make arrangements
- Apply for a permit with DPRU
- If in doubt contact one of the many support services