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## Treatment Medications in Practice

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## Opioids

- Drug class that bind to opioid receptor
- Opioid: opiate or synthetic
  - Opiate: morphine, heroin
    - derived from opium
  - Synthetic: hydrocodone, fentanyl
- Chronic use can result in dependence and/or Opioid use disorder

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## Opioid Use Disorder (OUD)

**Two or more of the following criteria:**

- Using larger amounts OR for longer than intended
- Much time spent on use
- Activities given up in order to use
- Physical/psychological problems associated with use
- Social/interpersonal problems related to use
- Neglected major role in order to use
- Repeated attempts to quit/control use
- Hazardous use
- Withdrawal\*
- Tolerance\*
- Craving

**Scoring:**

Severity	Score
OUD	Min. of 2
Moderate OUD	4 - 5
Severe OUD	6 - 7

\*Does not count if taken only as prescribed and is sole criteria

DSM 5, American Psychiatric Association

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## OUD Treatment Medications

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## Methadone

- Full agonist- full opioid effect
- Available in opioid treatment program (Methadone Program) only for OUD treatment
- Pill, liquid, or wafer form
- No ceiling effect

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## Methadone Side Effects

- Constipation
- Nausea
- Sweating
- Sexual dysfunction or decreased libido
- Drowsiness
- Weight gain
- **Overdose risk**


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## Methadone

- Explore entrenched opinions
- Determine which care components they like and don't
  - e.g. medication, counseling, visit frequency, OTP setting
- Can be highly effective
- Long history of use, many patients successful for many years



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## Buprenorphine

- Partial agonist
  - *High affinity* for  $\mu$ -opioid receptor
  - *Slowly dissociates* from  $\mu$ -opioid receptors
- Most commonly available as sublingual tablet or film 2mg/8mg from DATA 2000 waived provider
- Usual adult dose- 16-24 mg
- *Ceiling effect* on respiratory depression

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## Buprenorphine Side Effects

- Oral issues
- Constipation
- Vomiting
- Insomnia/sleepiness
- Disturbance in attention

**Note:**

- Side effects may be less intense than full agonists
- Less potential for respiratory depression- “safer than Tylenol”

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## Buprenorphine Formulations

- **SUBOXONE**
  - Most commonly prescribed product
  - Duo product with Naloxone (Narcan)
  - Safe and difficult to abuse
- **Extended-Release Buprenorphine (Sublocade)**
  - Monthly injection
- **Mono product- Subutex**
  - Increased risk for abuse and diversion, mostly used in Perinatal settings
- **Implant- Probuphine**
  - 6 month duration, provider must be certified (in addition to DEA waiver)


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## Buprenorphine

- Clarify difference between “street use” vs. under medical management
- Multiple models of care
- Highly effective
- Suboxone/Subutex issues



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## Extended Release ( XR) Naltrexone (Vivitrol)

- **Antagonist**
- Injection
- Does not activate the  $\mu$ -opioid receptor, exerts no opioid effect
  - Will not treat cravings directly
  - Patient must be opioid free for 7-14 days to start
- Can precipitate withdrawal if taken after recent use
- No ETOH use

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## Naltrexone Side Effects

- Insomnia
- Injection site pain
- Impaired liver function

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## Naltrexone

- Limited awareness
- Multiple barriers to starting and staying on
- Clarify motivations
  - “non-addictive drug”, abstinence idealism, perceived stigma of taking MOUD



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## Treatment Options

- Clarify important differences in three settings:
  - Medication options
  - Other supports/structure
  - Visit frequency

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## Opioid Treatment Medications

Reduce death	Prevent recurrence of disease
Stabilize functioning	Control cravings

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