Detoxification From Opiates

And

Basics of Treatment of Opiate Use Disorder

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Detoxification From Opiates

- Opiate Withdrawal Symptoms Include
  - ↑ Pulse
  - Sweating/Chills
  - Restlessness
  - Dilated pupils
  - Aching of joints/muscles
  - GI upset, stomach cramps
  - Vomiting or diarrhea
  - Anxiety
  - Runny nose/Tearing
Opiate Withdrawal Symptoms

Best Descriptive Reference:

Clinical Opiate Withdrawal Scale

“COWS”

Public domain
Opiate Withdrawal Symptoms

Clonidine

α 2 Adrenergic agonist that dampens or attenuates noradrenergic hyperactivity that results from opiate withdrawal
Clonidine

“As effective as tapering methadone at 10 days”

Cochrane Database of Systematic Reviews
2016
Clonidine

Hypotension

Caveat: A withdrawing patient may have nausea and thus have less fluid intake and be more susceptible to hypotension
Clonidine may leave unaddressed:

- Sleep Disturbance
- Anxiety
- Aches and pains

So... may use additional medications:

GI Symptoms:
- Bentyl (Dicyclomine) Muscarinic antagonist
- Loperamide (Imodium)

Muscle Symptoms:
- Robaxin (Methocarbamol)
“There remains uncertainty as to the nature of withdrawal signs and symptoms that are not significantly ameliorated by treatment with \( \alpha_2 \)–adrenergic agonists. It would be valuable to investigate adjunct medications that address the symptoms that are a problem for the patients.”

Quoted from: Cochrane Database of Systematic Reviews, 2016
Treatment of Opiate Use Disorder Severe

1) Abstinence based approach

What you just saw (detoxification)
(change how you FEEL physically)

PLUS

Psychotherapy - Usually cognitive behavioral therapy
(Change how you THINK/FEEL emotionally)

“People, Places and Things” (and Thoughts and Feelings)

Consider

Naltrexone PO or IM
Treatment of Opiate Use Disorder Severe

1) **Maintenance treatment approach**
   Now called “Medication Assisted Treatment”
   “MAT”

Methadone    Long half life
Buprenorphine

**PLUS**

**Psychotherapy- Usually cognitive behavioral therapy**
(Change how you THINK/FEEL emotionally)

“People, Places and Things” (and Thoughts and Feelings)
Agonist
Morphine

Antagonist
Naloxone
Key Concept

Buprenorphine

The “Post It Note Pad” Medication
Key Concept

<table>
<thead>
<tr>
<th>Agonist</th>
<th>Mixed Agonist/Antagonist</th>
<th>Antagonist</th>
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<tbody>
<tr>
<td>Morphine</td>
<td>Buprenorphine</td>
<td>Naloxone</td>
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Mixed Agonist/Antagonist

Buprenorphine significantly blocks opiate craving

AND—

stays on the receptor a long time
Buprenorphine

• Complete an 8 hour education program
• Then apply for “DEA Waiver”
  • Patient Limit 30
  • Patient Limit 100

I would be happy to talk with anyone interested in using Buprenorphine to treat opiate addiction.
Buprenorphine

Forms:

Usually combined with Naloxone for public safety

The Naloxone is not absorbed orally.

A.K.A. “Suboxone”
Addiction Recovery Center

Mercy Springfield

417-820-2990
Special thanks to my patients who have helped me understand opiate withdrawal and opiate use disorder.