Treatment Planning for Jesse

Knowledge Sharing

Participants will be pre-assigned into small groups within zoom breakout rooms to discuss the case in 15 minutes and then conclude with a large group discussion.

Treatment Plan for Jesse (Opioid Use Disorder)

- Faculty will lead a brief overview of Jesse's case.
- Work with your group to develop an appropriate treatment plan to propose for Ben. Refer to the information provided about **Medications for Withdrawal Management** and **Opioid Disorder Treatment Medications**.
- Answer the questions below in relation to this case.
- Faculty will call "time" and bring the group together for discussion. Group leaders will be called upon to answer each of the questions below.

Jesse – Treatment for Opioid Use Disorder

Case Information

Jesse is a 30-year-old divorced woman who works as a bus driver. She has developed an opioid use disorder (OUD) after receiving a large quantity of opioid pain pills with several refills after she fractured her clavicle in a soccer game. Jesse's reason for coming to see you is that she wants help with medications to get control of her OUD. Recently she has started buying pain pills from friends and fears she will lose her job or lose custody of her two children. She has not had any treatment for her OUD previously, and states that she "doesn't believe in" 12-step programs.

On physical exam she has a mildly elevated heart rate, enlarged pupils, and moist skin. She has no track marks in her antecubital fossae or her neck. In-office urine drug screening is positive for oxycodone and otherwise negative. HCG test is negative. Metabolic panel, hepatitis testing, and HIV testing are pending.

Key Considerations:

1. Would you treat Jesse initially as an outpatient or an inpatient?
2. How would you treat withdrawal symptoms? Which medication(s) would you use?
3. Which medication(s) would you recommend for maintenance?
4. What is the proposed duration of treatment?
5. What other treatment(s) you would recommend in addition to medication?
6. What harm reduction options would you consider?

Medications for Substance Use Disorder Treatment

Opioid Use Disorder Treatment Medications

Methadone is a mu-opioid agonist and is an effective medication for OUD. Its use is associated with a reduction in injection drug use, mortality, costs of care, crime, and risk of HIV and hepatitis C transmission. In the US methadone must be dispensed from an Opioid Treatment Program (OTP) approved by the federal government; it is illegal for office-based providers to prescribe methadone for treatment of OUD. Canadian physicians can take additional training and gain the ability to prescribe methadone for OUD from their offices. Other countries have varying regulations regarding methadone. The starting dose is up to 30 mg per day which is gradually increased to the effective dose of typically 60-120 mg per day. The medication is dispensed daily and under direct observation, but eventually patients may qualify for “take-homes.” There is a risk of overdose if the dose is raised too quickly or if the medication is diverted and taken in large doses, especially when combined with other opioids or sedative-hypnotics. Side effects include sedation, constipation, and (rarely) prolongation of the QT interval leading to an increased risk of torsades de pointes ventricular tachycardia.

Buprenorphine is also a mu-opioid agonist and an effective medication for OUD. It is available in several formulations and includes combination products (buprenorphine and naloxone) and mono-products (buprenorphine alone). The combination forms are oral transmucosal products and are available as generic and proprietary formulations (Suboxone®, Zubsolv®, and Bunavail®). Mono-products are available as a generic taken sublingually, subdermal implantable rods which last six months (Probuphine®), and a monthly injectable (Sublocade®).

Treatment with buprenorphine is also associated with a reduction in injection drug use, mortality, costs of care, crime, and risk of HIV and hepatitis C transmission. In the US, buprenorphine products can only be prescribed by providers who have obtained a federal waiver from the DEA. Physicians, nurse practitioners and physician assistants may obtain this waiver by completing a requisite number of hours of training (8 for physicians, 24 for NPs and PAs). This training may be completed online through an approved organization such as ASAM (https://elearning.asam.org/) or the American Academy of Addiction Psychiatry (AAAP). Buprenorphine has a very low risk of respiratory depression unless combined with sedative/hypnotic agents.

Naltrexone is an opioid antagonist that is largely ineffective for OUD in the oral form, but there is evidence for its use to decrease relapse in OUD when administered as a long-acting intramuscular injection (Vivitrol®). Each injection is effective for 4 weeks, and acts by blocking the effect of other opioids during that period. Starting patients on naltrexone can be challenging because they must be abstinent from opioids between 2-10 days prior to starting the medication in order to avoid precipitated withdrawal. Once a patient is receiving naltrexone, they appear to have a relapse rate that is similar to that of patients treated with buprenorphine or methadone. however, unlike these two medications, naltrexone does not appear to be associated with decreased mortality and patients typically continue naltrexone for a much shorter time.