

Panel 4

Kirit: IS PRESENCE OF PT. WITH SUD IS REQUIRED IN PARTNER THERAPY?

Adam Lake: SQ buprenorphine (sublocade) - do we have data in pregnant people?

Russel Coutinho: What is the best medication for a patient's pain on suboxone after C/S

- Karl Wittnebel: Buprenorphine is far superior to all the full mu agonists for chronic pain. I convert all opioid dependent patients to buprenorphine only before surgery, use buprenex postop and supplement with oral full mu agonists postop, and wean them down to buprenorphine only after discharge.

Moderator: From Leslie Hayes: <https://time.com/3911161/explaining-epigenetics-the-health-buzzword-you-need-to-know/> Bevilacqua and Goldman. Genes and Addictions. Clin Pharmacol Ther. 2009 April; 85(4) pp 359-361. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2715956/> Gelernter et Kranzler. Chapter 2. Genetics of Addiction in Galanter et al. Textbook of Substance Abuse Treatment. The American Psychiatric Publishing 2015 pp. 26-45

Kirit: SO MORE THEN ONE TYPE OF C.B.T. SUBTHERAPY ARE PROVIDED BY THE PSYCHOTHERAPISTSIMULTANEOUSLY? TO A PERSON WITH S.U.D.!

Bezalel Dantz: Can you comment on how to treat pain in patients who are on methadone, buprenorphine and naltrexone? In particular how are patients on monthly naltrexone managed if for example they fracture a bone or get into a car accident? Patients on buprenorphine and methadone are also more sensitive to pain, so how to manage pain in these patients should they incur an injury?

- Juliette: Naltrexone is very difficult with it's full antagonist effect. Typically, anesthesia may need to be involved for a nerve block, if it's appropriate. Otherwise, Dr. Salsitz mentioned dosing IR opioids (higher potency, hydromorphone) short-term. Need to set parameters and boundaries with pts though.

Brian Pratt: Is there data about tapering off bup during pregnancy

Kirit: HOW A PERSON WITH SUD IN APRECONTEMPLATION STAGE CAN BE TREATED WITH VARIOUS TREATMNET MODALITIES? SINCE HE /SHE IS IN DENIAL

Adam Lake: The principles of addiction medicine 6th ed, p202 - had some suggestion of smoking being safer than NRT in pregnancy. It stuck out to me because I wouldn't expect that at all.

Teresa Ainsworth: interesting; most of my MAT post op patients were prescribed Oxycodone - and one surgeon took my client off Suboxone for FIVE DAYS -

- Adam Lake: I've also seen other providers change patients to mono product because they think the naloxone is the blocking aspect...

Bezalel Dantz: how about managing acute pain on patients on naltrexone?

- Terry Horbal: Great ?. I am curious as well

Bella: Is sublocade effective for chronic pain?

- Sean Leonard: I think it probably is more effective than sublingual since it gets to higher levels of medication at steady state. But I have had minimal luck getting it approved by insurance companies.

Kirit: SO IS THERE A THING LIKE BUPRENORPHIN USE DISORDER?

- Sharon Stancliff: In some countries... but overdoses are nearly unheard of.
- Teresa Ainsworth: have had clients asking for it in ER - not daily addicts - said it "felt really good"
- Adam Lake: I've had people go from abstinence to a relapse on to illicit buprenorphine. I'm usually just grateful they didn't overdose. Haven't seen a mod/severe use disorder though (using the DSM criteria)

Ali Damji: Can you use buprenorphine for treatment of acute rather than chronic pain e.g. post op?

- Karl Wittnebel: all the time. IV buprenex
- Ali Damji: Are there oral options that can be used for outpatients? For a short term indication?
- Ali Damji: Or would you just use a patch?

Sharon Stancliff: Get a waiver, all it takes is a notice of intent, no training for 30 patients

Bezalel Dantz: can you comment on the use of buprenorphine for treatment resistance depression?

Asma Mian: So you recommend not taper buprenorphine before a planned surgery and give high dose IR opioid pain killers while continuing buprenorphine??

- Adam Lake: We've been doing this after c-sections, seems like we get about 30% of the pain relief we might usually expect from a given IR opioid dose.

Laurence E. Torpey, MDL: I have a patient is told him that the buprenorphine causes tooth decay. it is acidic? your thoughts. there was a paper. bicarb mouth wash was my thought. your thoughts?

Asma Mian: As an internist can i bill 90833 if i do MIT?

Stephen Gibert: I love the inner peace of that dog in the background

- Anne Brouha: the dog has good coping skills

Sean Leonard: I would offer that CBT may decrease future relapses by restructuring coping strategies. I try to offer long term suboxone tapers (4+ months) to patients who have been successful in rebuilding their lives and leaving the drug of abuse in the rear-view mirror. I think having concurrent therapy makes discontinuing MAT easier.

Fietsam: 1 Galanter, M., et al. (2020). "Buprenorphine Treatment for Opioid Use Disorder in Community-Based Settings: Outcome Related to Intensity of Services and Urine Drug Test Results." American Journal on Add2ic3tions.

Fietsam: this was just presented to show high value of 12 step meetings

Norma Naghaviyani: For Dr. Hayes; sorry, sent this questions before but cannot find or did not hear response. Do you automatically decrease dose of methadone postpartum?

Ali Damji: I'm a Canadian family physician also practicing addiction medicine. Are Canadians able to write this exam without being licensed in the US?

William Nickell: what do you consider the maximum dose of buprenorphine

Bella: Are the best questions representative?

Vamshi Garlapati: Thank you. Nice review. Pleasant visual to see all of you on the screen representing the country.

Gyanesh Agrawal: would you recommend reading essentials book for the purposes of exam?

Cameron Duffy: Don't believe I heard anything in the conference about auricular acupuncture/acupressure. Thoughts?