

Medication Assisted Treatment

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OVERVIEW, *the* MAT CONTINUUM

SELECTION of MAT FOR EACH MODALITY is
INDIVIDUALIZED based on
Advantages/Disadvantages for each pt.
Archaic to typify based on length, amt or
demographic of use.

MARYHAVEN LOC – Admissions Review for best fit.
What pts benefit from Detox, Out pt, Residential?

OBOT ADHERENCE OHIO: OARRS, LABS, UTS

BUPRENORPHINE *partial mu receptor agonist*

tablet, s.l. Subutex

film with Naloxone, s.l. Suboxone, Zubsolv

Probuphine, 6 month implant (stability on oral x 90 days)

Advantage

no cardiotoxicity

safe in pregnancy
(need more studies)

Disadvantage

diverted

monitor LFTs

Not safe with Benzodiazepines

Dosing is based on COWS- Clinical Opiate Withdrawal Scale

1. Initial Assessment & Physical Exam
 2. Review **UTS**: DO NOT DOSE if
 - + BZD,
 - + Methadone
 - absent Opiates*
 - absent Withdrawal Sx*
 3. Review **OARRS** to monitor dangerous co-use and/or "doctor shopping"
 4. Review **Wrapper Agreement** & Sign **Client Treatment Contract**
 5. Review **LFTs, Hepatitis B & C Screens, Pregnancy test, other labs**
- Initial Physician Evaluation**

CONT'D

(Initial Physician Eval contd)

Induction : the start of Suboxone dosing

Based on the long mean T $\frac{1}{2}$ life 37 hrs (20-70) of Suboxone and steady state 185 hrs = 7 $\frac{1}{2}$ days.

plus

Physical Sx of Withdrawal on the **COWS**
Clinical Opiate Withdrawal Scale

Dosing Guidelines

Goal is to treat patients with the lowest effective dose of Buprenorphine that maintains the patients' sobriety and minimizes physical withdrawal symptoms.

Clinical Opiate Withdrawal Scale

For each item, circle the number that best describes the patient's signs or symptom. Rate on just the apparent relationship to opiate withdrawal. For example, if heart rate is increased because the patient was jogging just prior to assessment, the increase pulse rate would not add to the score.

Patient's Name: _____ Date and Time ____/____/____:____	
Reason for this assessment: _____	
Resting Pulse Rate: _____ beats/minute <i>Measured after patient is sitting or lying for one minute</i> 0 pulse rate 80 or below 1 pulse rate 81-100 2 pulse rate 101-120 4 pulse rate greater than 120	GI Upset: over last ½ hour 0 no GI symptoms 1 stomach cramps 2 nausea or loose stool 3 vomiting or diarrhea 5 Multiple episodes of diarrhea or vomiting
Sweating: over past ½ hour not accounted for by room temperature or patient activity. 0 no report of chills or flushing 1 subjective report of chills or flushing 2 flushed or observable moistness on face 3 beads of sweat on brow or face 4 sweat streaming off face	Tremor observation of outstretched hands 0 No tremor 1 tremor can be felt, but not observed 2 slight tremor observable 4 gross tremor or muscle twitching
Restlessness Observation during assessment 0 able to sit still 1 reports difficulty sitting still, but is able to do so 3 frequent shifting or extraneous movements of legs/arms 5 Unable to sit still for more than a few seconds	Yawning Observation during assessment 0 no yawning 1 yawning once or twice during assessment 2 yawning three or more times during assessment 4 yawning several times/minute
Pupil size 0 pupils pinned or normal size for room light 1 pupils possibly larger than normal for room light 2 pupils moderately dilated 5 pupils so dilated that only the rim of the iris is visible	Anxiety or Irritability 0 none 1 patient reports increasing irritability or anxiousness 2 patient obviously irritable anxious 4 patient so irritable or anxious that participation in the assessment is difficult
Bone or Joint aches If patient was having pain previously, only the additional component attributed to opiates withdrawal is scored 0 not present 1 mild diffuse discomfort 2 patient reports severe diffuse aching of joints/ muscles 4 patient is rubbing joints or muscles and is unable to sit still because of discomfort	Gooseflesh skin 0 skin is smooth 3 piloerection of skin can be felt or hairs standing up on arms 5 prominent piloerection
Runny nose or tearing Not accounted for by cold symptoms or allergies 0 not present 1 nasal stuffiness or unusually moist eyes 2 nose running or tearing 4 nose constantly running or tears streaming down cheeks	<div style="text-align: right;">Total Score _____</div> The total score is the sum of all 11 items Initials of person completing Assessment: _____

Score: 5-12 = mild; 13-24 = moderate; 25-36 = moderately severe; more than 36 = severe withdrawal

Suboxone 0-4mg/d for COWS < 5*

Suboxone 8mg/d for COWS 6-10

Suboxone 12mg/d for COWS 11-15

Suboxone 16mg/d for COWS \geq 16 initially. To be tapered.

Dose range rarely exceeds 16 mgs

Rx written from one doctor's appt to the next, and are only written if the pt brings in Suboxone wrappers/original pharmacy container that were labeled with Lot # assigned to them from the pharmacy.

NO WRAPPERS; NO RX.

***Alternative treatment to Suboxone may be offered e.g.**

antidepressant, anxiolytic, non narcotic sedative, Clonidine, mood stabilizer if a psychiatric dx is present. See Adjunctive Medication List.

NALTREXONE *opiate antagonist . Non Narcotic!*

Vivitrol IM 380 mg q 4weeks

Revia p.o. 12.5 mg – 50 mg po qd – 3x/week

Advantage

No Diversion

Non Narcotic

Treats AUD*

Better compliance

Disadvantage

No Use Pregnancy

monitor LFT

Be Opiate Free for
2wks to start

Reversing Opioid
blockade in Emergency/
Surgery (non opiate,
ketamine, etc.)

History of Multiple overdoses

*AUD = Alcohol Use Disorder

METHADONE *full mu opiate agonist*

Advantage

No Hepatotoxicity

Safety in Pregnancy
(most data)

Disadvantage

QTC prolongation
Diversion Potential

Highly regulated
OTP Certified or
Hospital dispensing
Not safe with BZD

MONITORING DANGEROUS CO-USE OF DRUGS

NO BENZODIAZEPINES WITH Methadone or Buprenorphine Treatment

- Benzodiazepines work by increasing GABA (gamma Aminobutyric acid)
- GABA decreases excitability of nerve cells and reduces communication between nerve cells
- CALMING and CENTRAL NERVOUS SYSTEM DEPRESSANT EFFECT ON MANY BRAIN FUNCTIONS
- THEY UNNATURALLY POWERFULLY INHIBIT THE POST SYNAPTIC NEURON
- Heath Ledger, Anna Nicole Marie Smith Whitney Houston

NO BENZODIAZEPINE-LIKE DRUGS

Effective 1/2017 Neurontin on OARRS

See Handouts

Approved Medications

Adjunctive Medication

Training Website

pcssmat.org click MAT waiver training