



Treatment of Opioid Use Disorder

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Objectives


- Understand the behavioral treatment of OUD
- Understand medications for OUD
- Understand the use of an appropriate treatment plan

Opioid
Conditions

Overdose

Withdrawal

Opioid Use Disorder



Treatment for
Opioid Use
Disorder

Behavioral alone

Medication Assisted
Treatment alone

Combination of the
above

Behavioral Treatment

- Motivational Interviewing
- Individual psychotherapy
- Relapse prevention
- 12 Step groups



Motivational Interviewing



Engages patient in a non-confrontational explorative conversation



Evaluates pros and cons



Primary modality for exploring change

Individual Psychotherapy

- May help to explore underlying personality traits that can contribute to use
- Explore relationship problems to help increase insight and support



Relapse Prevention

- Recognition of people, places and things
- Relapse is a natural process of recovery
- If relapse occurs:
 - Increase treatment
 - Minimize extent and length of use

People as a Trigger



Places as a Trigger



Things as a Trigger



12 Step Groups

- Varying evidence of efficacy
- Some individuals find it helpful
- Requires some basic religious acceptance
- Located around the world

Medications
Used for
Opioid Use
Disorder

Methadone

Buprenorphine

Naltrexone

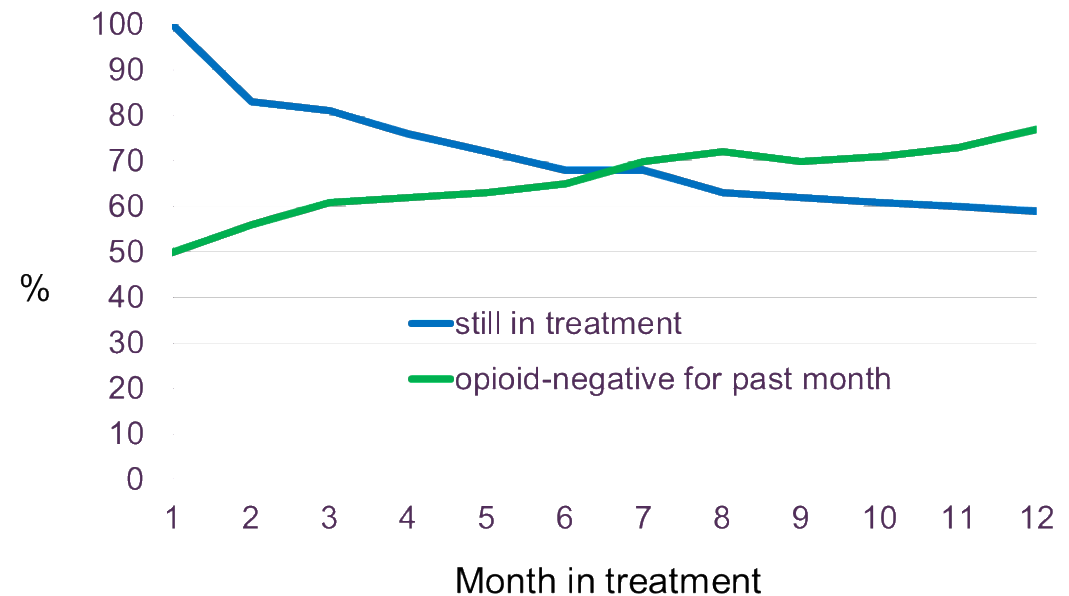
MOUD

Not

MAT

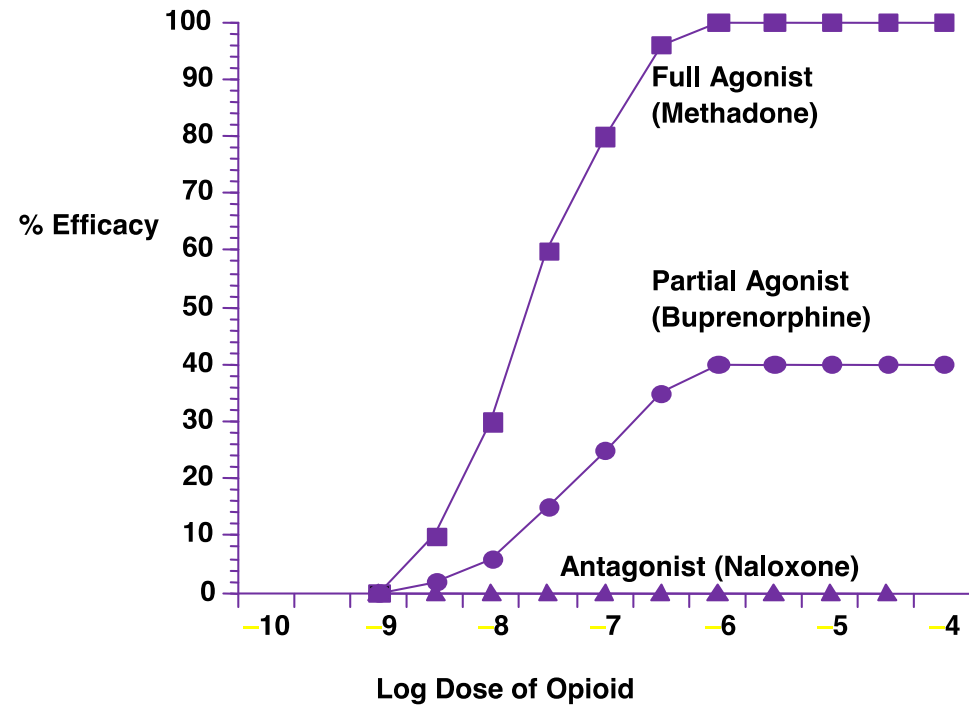
Treatment Retention and Decreased Illicit Opioid Use with MOUD

- Buprenorphine promotes retention, and those who remain in treatment become more likely over time to abstain from other opioids



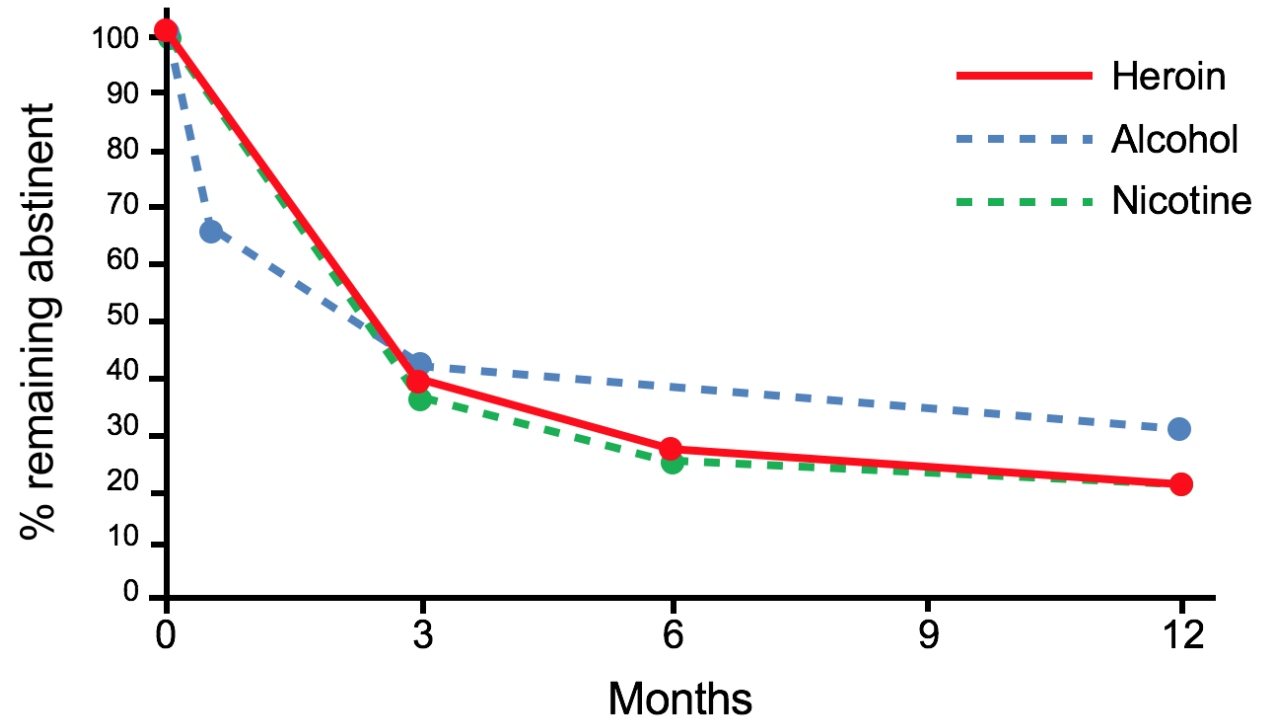
Kakko et al, 2003
Soeffing et al., 2009

Opioid Ligand Pharmacology



SAMHSA, 2018
Orman & Keating, 2009

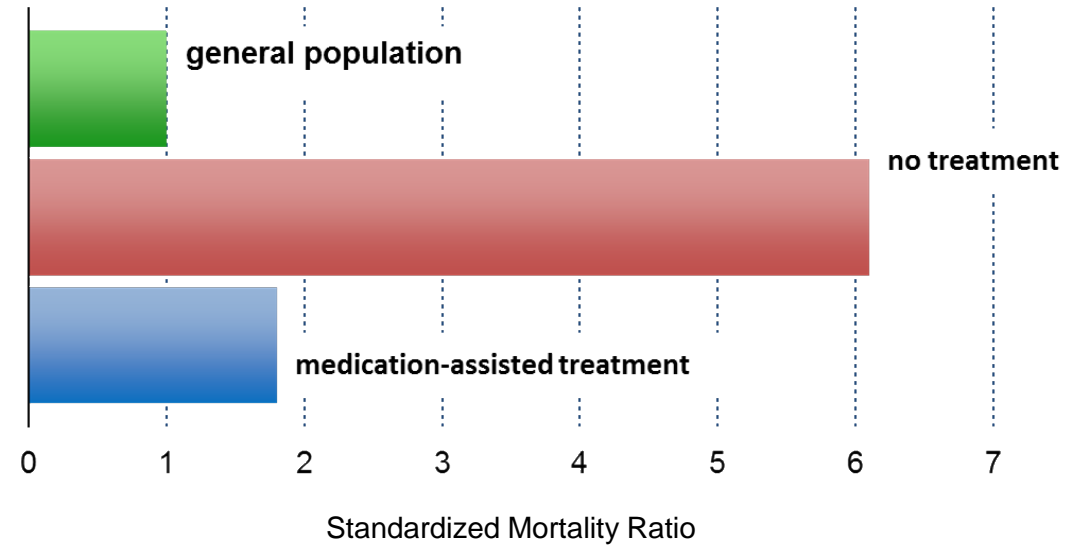
Abstinence Without MAT



Hunt et al., 1971

Benefits of MAT: Decreased Mortality

Death rates:



Dupouy et al., 2017
Evans et al., 2015
Sordo et al., 2017

The Goal is
to Keep
People Alive



Methadone

- Can only be utilized in a federally qualified methadone clinic (Opioid Treatment Program; OTP)
- Provides the most amount of structure and monitoring
- Usually much lower doses than what is used for pain
- Associated with relatively low overdose
- OTP's can also dispense buprenorphine

Buprenorphine

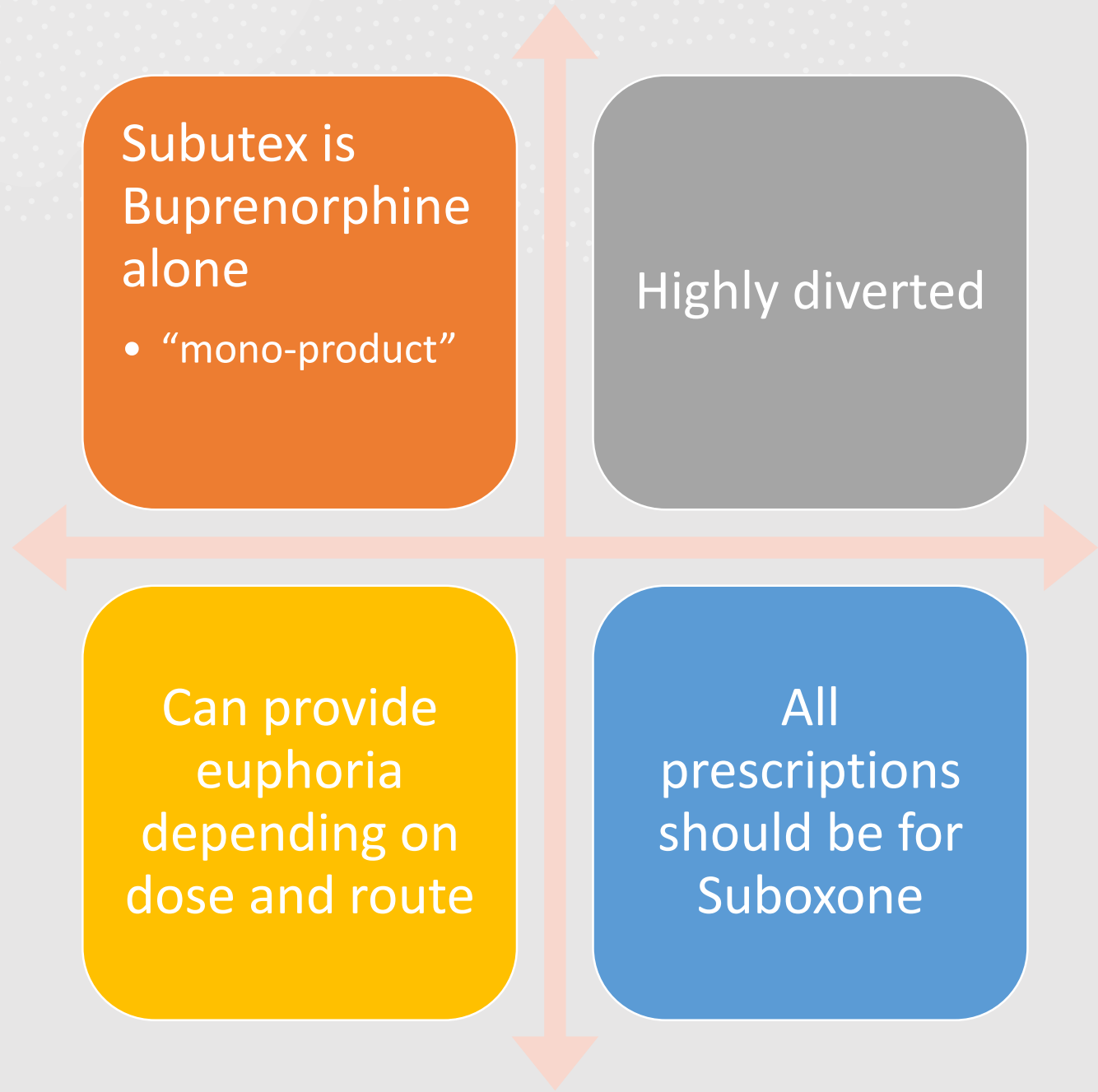
Partial opioid agonist

No extra requirements for dispensing

- Does require DEA licensee as it is a controlled substance

Minimal Diversion when mixed with naloxone

Subutex vs. Suboxone



Subutex vs. Suboxone

Buprenorphine has very low bioavailability

Naloxone is not absorbed sublingually or buccally, but high absorption IV

So if Suboxone is injected, low chance of euphoria and very high chance of immediate withdrawal

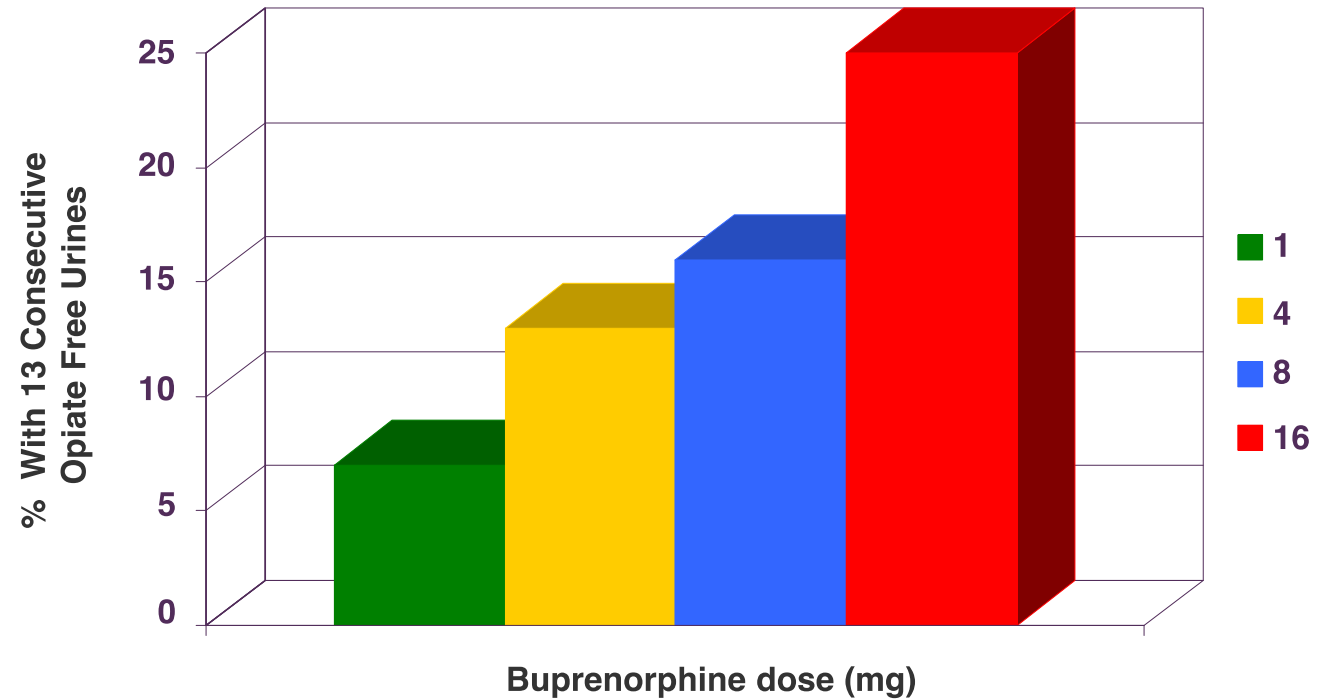


How to Use

- Initial dose should be at a level to stop withdrawal
 - Most individuals need to be at mild withdrawal, if not, Suboxone will cause it
- Eventually titrate to dose that curbs cravings, which may alter over time
- Progression to more home-based induction vs. office based

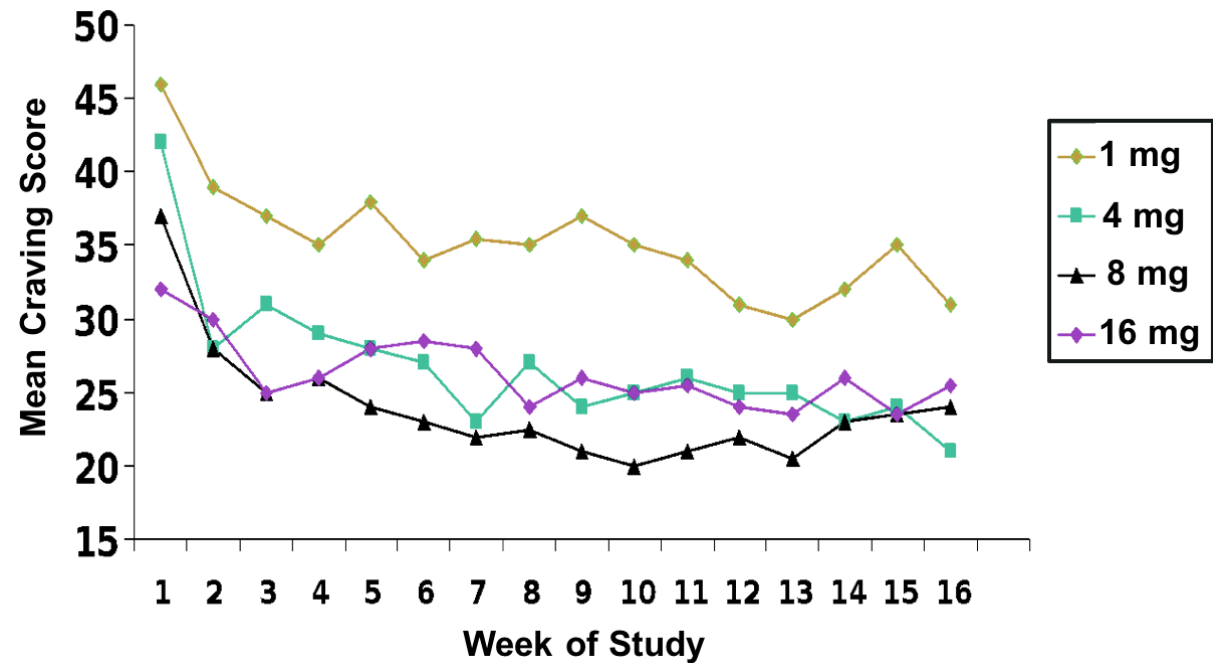


Buprenorphine Dosing: Efficacy



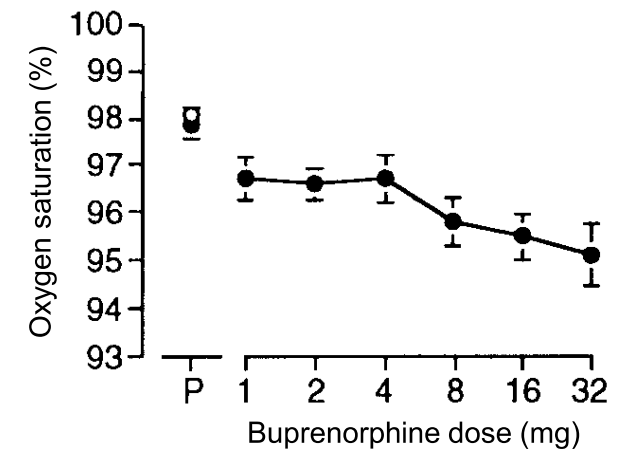
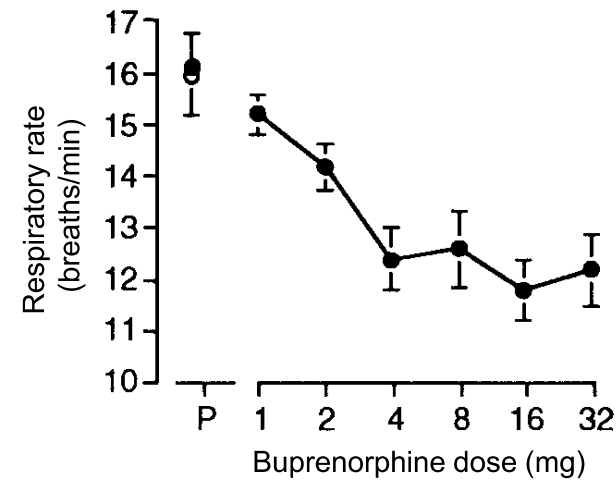
Ling et al., 1998

Mean Heroin Craving: 16 Week Completers: Reduced Craving with Therapeutic Buprenorphine Doses



Buprenorphine Dosing: Safety

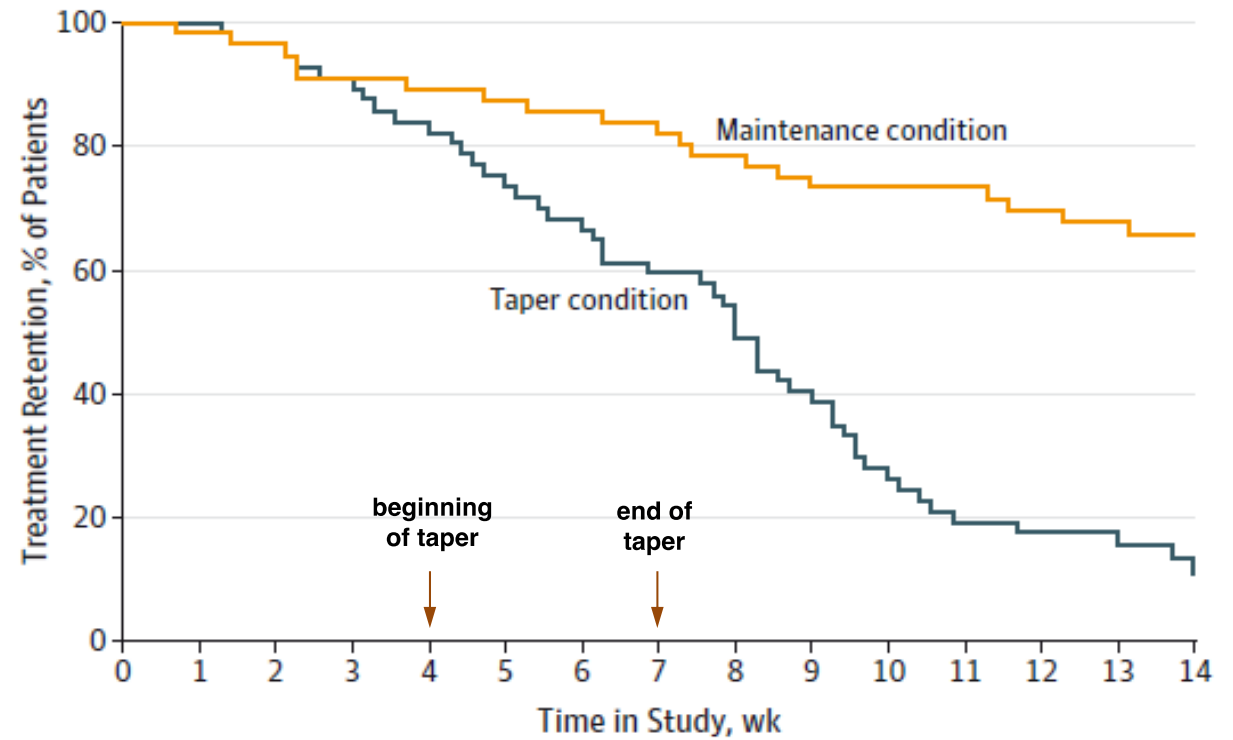
- Cognitive and psychomotor effects appear to be negligible



- Nearly all fatal poisonings involve multiple substances

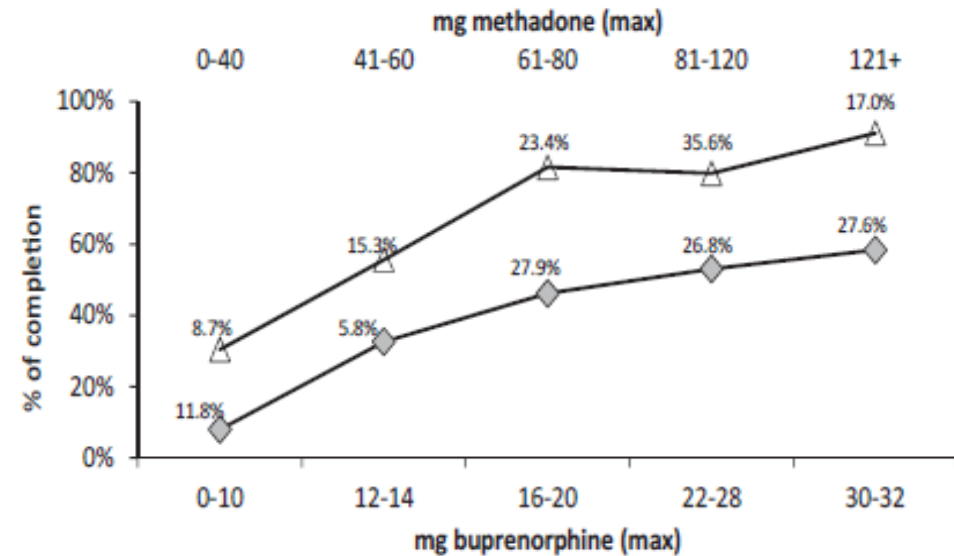
Hakkinen et al., 2012
Walsh et al., 1994

Buprenorphine: Maintenance vs. Taper



Fiellin et al., 2014

Benefits of Methadone: Treatment Retention



◆ Buprenorphine (% = % of buprenorphine participants prescribed in that dose range)

▲ Methadone (% = % of methadone participants prescribed in that dose range)



Naltrexone

- Usually extended released (XR)
- Monthly Injection
- Full opioid antagonist

Naltrexone

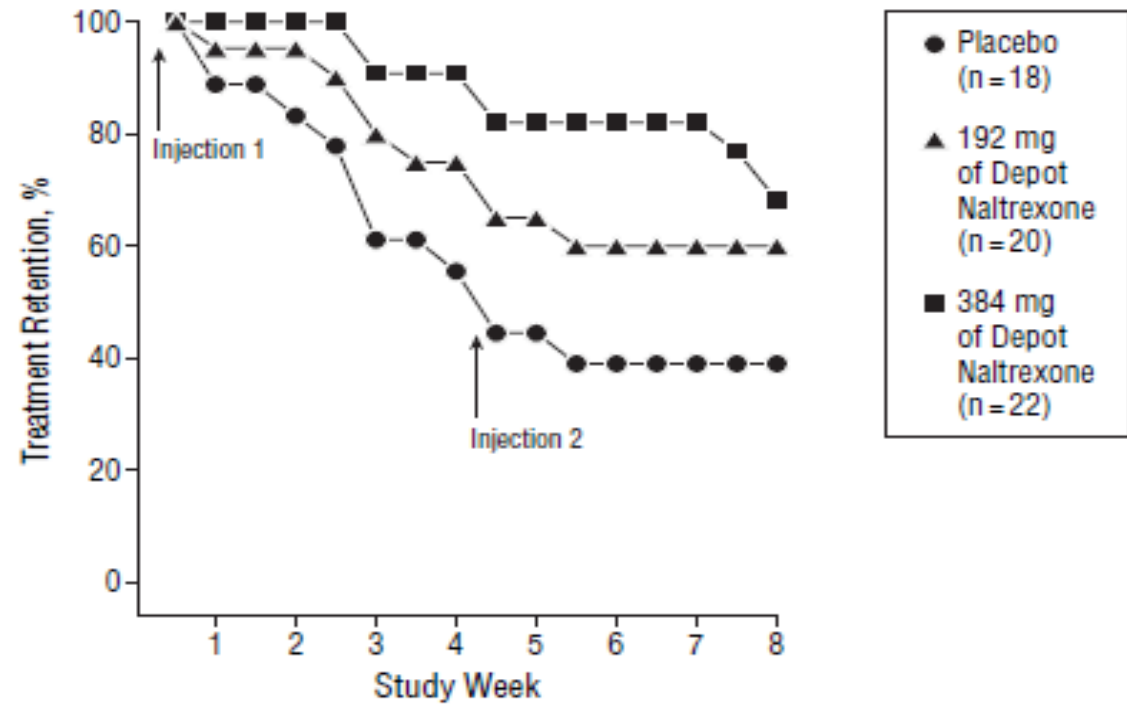
Must be opioid free (usually 7 days)

Do not want to precipitate opioid withdrawal

Cost could be prohibitive to many individuals

A good option for individuals that have failed opioid based medications

Naltrexone: Dose Response



Comer et al., 2011



Treatment Plan

- Should see frequently in the beginning of treatment
 - At least weekly
- Should use vigilance
 - UDS, PMP, etc.
- Should be multipmodel

Conclusion

Opioid use has various manifestations

Physicians should be aware of the condition their patient is experiencing

An evidenced based individualized treatment plan can help a person enter recovery

Questions

Questions?

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