



ST VINCENT'S
HEALTH AUSTRALIA

Gender differences in medication assisted treatments for opioid dependence (MATOD)

Victorian Opioid Management ECHO
Department of Addiction Medicine
St Vincent's Hospital Melbourne 2018

UNDER THE STEWARDSHIP OF MARY AIKENHEAD MINISTRIES

National Opioid Pharmacotherapy Statistics Annual Data (NOPSAD)



Approximately 50K receive opioid pharmacotherapy on any given day

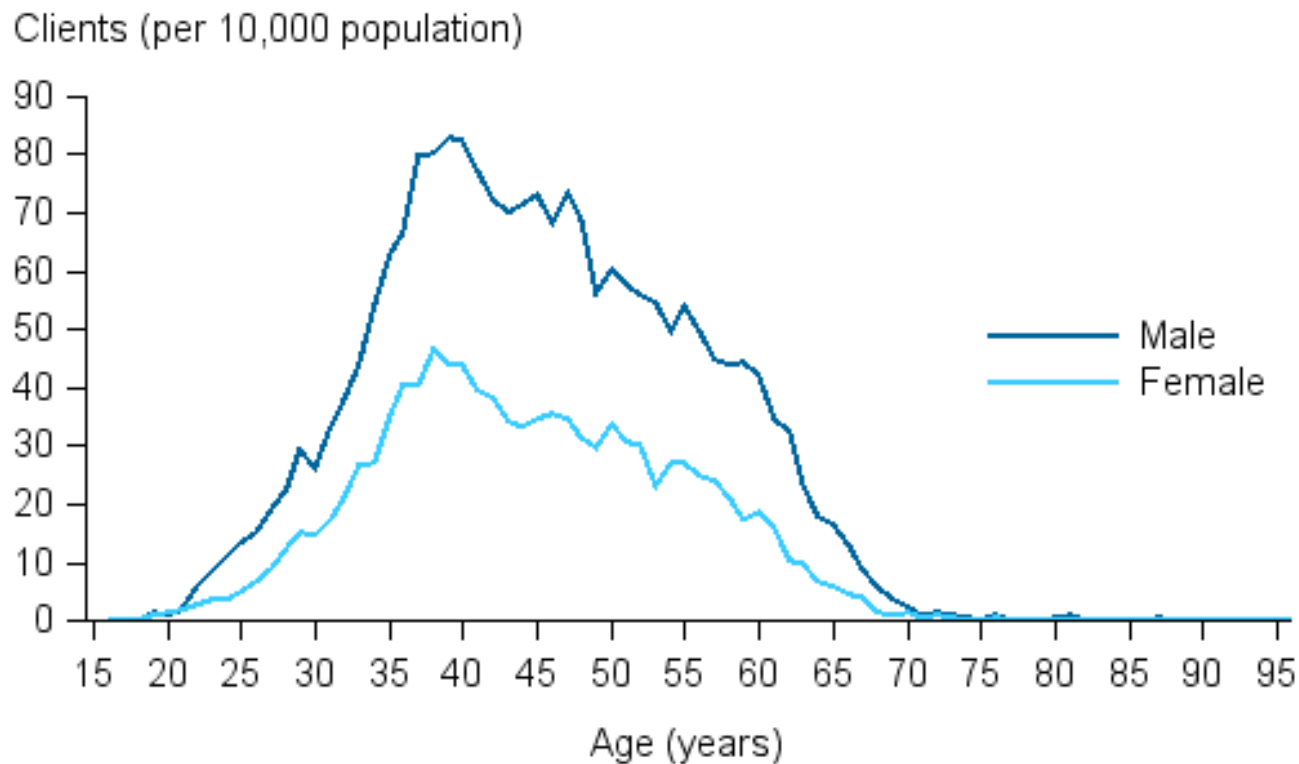
Median age 42 years

Similar proportions for methadone, bup/nlx

~ One third are female

Females less likely to be on OST

Clients receiving pharmacotherapy treatment on a snapshot day, by age and sex, 2017



NOPSAD 2017, AIHW 9 April 2018

Methadone

1) Metabolism

Metabolised by Cyt P450 3A4

Cyt P450 3A4 activity is higher in women

Cyt P450 3A4 varies between individuals

> variable BA between individuals

2) Prolonged QT

Women more susceptible

J Addict Dis 2010; 29(2) 217-230

Psychosocial factors

Women who inject drugs including opioids often do so because of

1. Social pressure
2. Encouragement from sexual partners

Trauma hx

A need for gender-specific treatment approaches

Chronic pain and gender

Chronic pain and gender

Women are generally **over**-represented among patients with chronic pain

Female sex as a risk factor

Some studies suggest women experience more severe pain than men (diseases, painful stimuli)

Interaction between oestrogen and opioid receptors?

Lee and Ho *Molecular Pain* 2013, **9**:45
<http://www.molecularpain.com/content/9/1/45>



REVIEW

Open Access

Sex differences in opioid analgesia and addiction: interactions among opioid receptors and estrogen receptors

Cynthia Wei-Sheng Lee^{1,2*} and Ing-Kang Ho^{1,3,4}

Pregnancy and opioids

Irregular menses / amenorrhoea

Yet pregnancy common

Opioids:

- Illicit
 - Aberrant
- } MATOD/OST

Barriers:

Appts
Childcare
Child Protection
Partners not supportive
Multiple appts/silos

