



ST VINCENT'S
HEALTH AUSTRALIA

Buprenorphine assisted withdrawal

What? Why? How?

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What?

- Medically supervised opioid withdrawal
- Symptoms of opioid withdrawal can include:
 - Craving
 - Anxiety
 - Restlessness
 - Gastrointestinal upset
 - Diaphoresis
 - Tachycardia
 - Cramps
- Medications used in the treatment of withdrawal symptoms can include opioid agonists such as methadone and buprenorphine

Why?

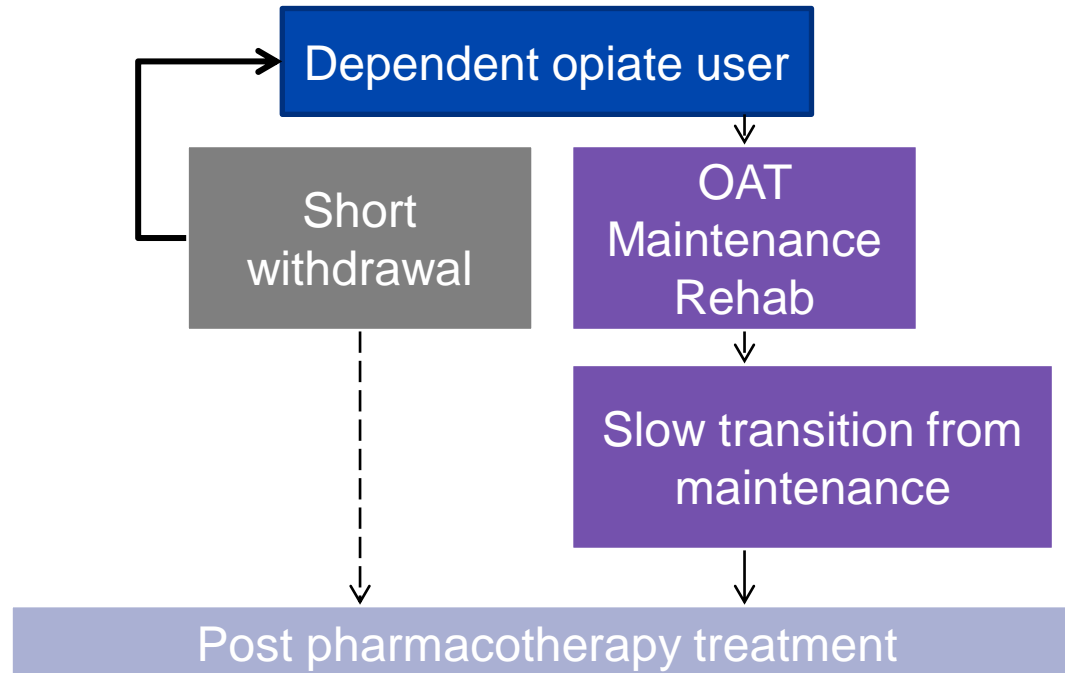
Withdrawing patients from opiates in the inpatient setting is sometimes necessary

- When patient declines to commence long term OAT
- Some cases of hospital inpatient stay for surgery or medical admission
- People transferring to an abstinence only residential rehabilitation or (rarely) those commencing on naltrexone
- Some cases of OTC opioid dependence
- Desire to cease long term OAT
 - Travel / Work / Stigma / Pick ups / Family / Relationships / Legals / Incarceration / Pregnancy

CAVEATS:

- Opiate tolerance drops post withdrawal
- Risk of relapse and subsequent overdose is extremely high
- The preference is to stabilise patients on single agent OAT (buprenorphine or methadone)

An approach



How?

Typical weaning plan (Buprenorphine)

Day 1: 4 – 8mg

Day 2: 4 – 8mg

Day 3: 4 – 6mg

Day 4: 0 – 4mg

Day 5: 0 – 2mg

Day 6 →: 0mg



Cochrane Database of Systematic Reviews

Previously methadone

Day 1: 25mg

Day 2: 20mg

Day 3: 15mg

Day 4: 10mg

Day 5: 8mg

Day 6: 6mg

Day 7: 4mg

Day 8: 2mg

Day 9: 0mg

Buprenorphine for managing opioid withdrawal (Review)

Gowing L, Ali R, White JM, Mbewe D

How?



Completion of withdrawal treatment	Study population 528 per 1000 Moderate 534 per 1000	549 per 1000 (481 to 634)	RR 1.04 (0.91 to 1.20)	457 (5 RCTs)	⊕⊕⊕⊖ Moderate ^b
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Buprenorphine for managing opioid withdrawal (Review)

Gowing L, Ali R, White JM, Mbewe D

Characterizing opioid withdrawal during double-blind buprenorphine detoxification

Kelly E. Dunn¹, Kathryn A. Saulsgiver², Mollie E. Miller³, Paul A. Nuzzo⁴, and Stacey C. Sigmon^{5,6}

The association between outpatient buprenorphine detoxification duration and clinical treatment outcomes: A review

Kelly E. Dunn ^a  , Stacey C. Sigmon ^b  , Eric C. Strain ^a  , Sarah H. Heil ^b  , Stephen T. Higgins ^b  

Case 1

55yo male, public servant, private rental, chronic low mood, living alone, codeine dependence.

- Commenced on combination codeine and ibuprofen for dental pain
- Escalating doses over 3 years
- 20-30 tablets daily
- Admitted for anaemia secondary to upper GI bleeding from duodenal ulceration
- Treatment consisted of intravenous PPI, potassium replacement and buprenorphine assisted withdrawal

Buprenorphine dosing

Day 1: 4 + 4mg

Day 2: 8mg

Day 3: 6mg

Day 4: 4mg

Day 5: 4mg

Day 6: 2mg

Day 7: 0mg

MJA The Medical Journal of Australia
Australia's most trusted source of medical information

Systematic Review |  Full Access

Identifying and treating codeine dependence: a systematic review

Suzanne Nielsen, Tim MacDonald, Jacinta L Johnson

First published: 12 February 2018 | <https://doi.org/10.5694/mja17.00749>

Drug and Alcohol REVIEW  APSAD

ORIGINAL PAPER

Comparing treatment-seeking codeine users and strong opioid users: Findings from a novel case series

Suzanne Nielsen, Bridin Murnion, Adrian Dunlop, Louisa Degenhardt, Apo Demirkol, Peter Muhleisen, Nicholas Lintzeris

First published: 29 December 2014 | <https://doi.org/10.1111/dar.12224> | Cited by: 14

Case 2

32yo indigenous unemployed male living in public housing in rural city, opiate use disorder, low mood with chronic suicidal ideation, fragmented family with few consistent supports

Background

- Admitted to DPH pre residential rehabilitation
- Commenced on OAT 12 months ago for heroin dependence.
- Injecting heroin in addition to suboxone
- No previous overdoses, but educated and provided with naloxone

Progress:

- Discussed long term OAT versus short withdrawal
- Increased suboxone dose to attempt to stabilise
- Rehab facility was abstinence based only (precluding OAT), commenced weaning plan

Buprenorphine dosing

Day 1: 8 + 4mg

Day 2: 12mg

Day 3: 8mg

Day 4: 6mg

Day 5: 4mg

Day 6: 2mg

Day 7: 0mg

Summary

- There are some cases where short, medically assisted withdrawal is required
- Buprenorphine is preferred over methadone for short withdrawal
- In clinical trials completion rates of short withdrawal are ~50%
- **Relapse / overdose risks post opiate withdrawal are considerable and need to be acknowledged and addressed in these patients**
 - These patients require education regarding the risks and need to be provided with harm minimisation strategies and supports post discharge.
 - Including take home naloxone prescription and education