Buprenorphine in the VA (BIV Project): Improving Implementation and Outcomes of Office-Based Opioid Dependence Treatment in the VA

A Tool for Buprenorphine Care

(A series of monthly newsletters about buprenorphine treatment)
Volume 2 Issue 5—October 2008

The Clinical Opiate Withdrawal Scale (COWS)

Opiate withdrawal scales are not new instruments, but clinicians will need to call on them more often as buprenorphine treatment spreads. There are several opiate withdrawal scales, but the COWS differs in that—like the CIWA-Ar (for alcohol withdrawal), which it was modeled after—it rates the severity of each sign and symptom instead of giving points just for the presence of them. Objectivity is another of its strengths; the score from a completely subjective scale can be inflated, whereas the COWS takes into account signs which cannot easily be faked, such as goose bumps, pulse rate, and vomiting.

Patients' reports of their last use are not always accurate, so it is especially important to rate patients' severity of withdrawal before buprenorphine induction so as to prevent precipitated withdrawal. (Though naturally, when inducing a patient who has, for instance, just come out of an institutional setting, assessing withdrawal should not be necessary.)

In addition to using the COWS before inducing, it can also be used to monitor a patient's progress throughout the induction process.

Score breakdown:

5-12 = mild
13-24 = moderate (induction can usually begin here except in patients whose dependence is very strong)
25-36 = moderately severe
>36 = severe

The scale is on page two. It is not copyrighted and may distributed and printed as needed.

Physician Training: Management of Withdrawal from Opioids

This Live Meeting—held at **1pm ET on November 5—**will provide information and training on the use of medications for medically supervised withdrawal from opioids.

At the conclusion of this program, participants should be able to:

1. discuss why medically supervised withdrawal from opioids is not necessary if maintenance opioid pharmacotherapy is indicated
2. demonstrate why medically supervised withdrawal from opioids is typically an initial intervention and not definitive treatment
3. explain the general pharmacology of methadone
4. illustrate how, where and when methadone can be used for medically supervised withdrawal from opioids
5. explain the general pharmacology of clonidine
6. discuss how clonidine can be used for medically supervised withdrawal from opioids
7. explain the general pharmacology of lofexidine
8. compare the general pharmacology of buprenorphine and buprenorphine/naloxone
9. contrast how and by whom buprenorphine and buprenorphine/naloxone can be used for medically supervised withdrawal from opioids
10. compare the efficacy and adverse events associated with these medications for medically supervised withdrawal from opioids

To register: https://vaww.trace.lrn.va.gov/registration/Default.asp?CourseID=2373
To add your Outlook calendar: https://www.livemeeting.com/cc/vaoirooms/meetingICS?id=BJ4TKW&role=attend&pw=Hsw6_zb&i=i.ics
To join: https://www.livemeeting.com/cc/vaoirooms/join?id=BJ4TKW&role=attend&pw=Hsw6_zb
To listen: call 1-800-767-1750, access code 99646.

IMPORTANT: If you've never used Microsoft Live Meeting before, go here to make sure your system is compatible well before the program begins. Additionally, please note that in order to hear the audio, you must call in—in addition to logging on.

Research update

- Jones HE, et al. **Treatment of opioid-dependent pregnant women: clinical and research issues.** J Subst Abuse Treat. 2008 Oct;35(3):245-59. Epub 2008 Jan 14. (PubMed ID: 18248941.)
- Lavie E, et al. **Benzodiazepine use among opiate-dependent subjects in buprenorphine maintenance treatment: Correlates of use, abuse and dependence.** Drug Alcohol Depend. 2008 Sep 26. [Epub ahead of print] (PubMed ID: 18824311.)

This information is supported and provided to you by the Substance Use Disorder Quality Enhancement Research Initiative (SUD-QUERI), Center of Excellence in Substance Abuse Treatment and Education (CESATEs), the Mental Illness Research, Education and Clinical Centers (MIRECC), and the Program Evaluation and Resource Center (PERC) within the Department of Veterans Affairs. Please contact Margaret Krumm at margaret.krumm@va.gov or 412-954-5229 (new number) with questions or comments.

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
Measured after patient is sitting or lying for one minute
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 1/2 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 1/2 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 or 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 piloerrection of skin can be felt or hairs standing up on arms
5 prominent piloerrection

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

Total Score _____

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

This version may be copied and used clinically.

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