



A Tool for Buprenorphine Care

A series of monthly newsletters about buprenorphine treatment
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CDC DRAFT GUIDELINES OPEN FOR PUBLIC COMMENT

The opioid epidemic continues to gain national attention. The Centers for Disease Control and Prevention (CDC) announced their draft Guideline for Prescribe Opioids for Chronic Pain, 2016 and cited a statistic which states that 52 Americans die each day from overdoses of prescription opioids.

From the announcement: “CDC is developing an opioid prescribing guideline to help primary care providers offer safer, more effective care for patients with chronic pain and help reduce misuse, abuse, and overdose from these drugs. The guideline will provide recommendations to primary care providers about the appropriate prescribing of opioid pain medications to improve pain management and patient safety. Recommendations focus on the use of opioids in treating chronic pain (i.e., pain lasting longer than three months or past the time of normal tissue healing). The guideline is not intended for patients who are in active cancer treatment, palliative care, or end-of-life care.”

The CDC is requesting public review and comments from December 14 through January 13, 2016 [here](#).

You can find more information on the [Federal Register notice](#).

BIV'S MONTHLY WEBINAR SERIES:

The BIV's monthly webinar series continues on Tuesday, January 12th at 1:00pm EST with the topic of *Guidelines Part 1: VA and ASAM*. Look for a Microsoft Outlook calendar invite to the webinar.

If you have a question you would like to have addressed, please submit it to John.HardingJr@va.gov. Previous webinars (including slides and audio) can be found on the BIV Sharepoint site [here](#).

MEDICATION-ASSISTED ADDICTION TREATMENT IN THE NEWS

1. [To Break Heroin Addiction, One Neuroscientist Suggests Using Drugs](#)
2. [Governors: Let More Health Professionals Treat Opiate Addiction](#)

RESEARCH UPDATE

1. Pélissier F, Rougé Bugat ME, Nubukpo P, Franchitto N. [Nalmefene Mistakenly Prescribed to Reduce Alcohol Consumption in Patients Under Buprenorphine Substitution Therapy Resulting in Acute Opioid Withdrawal: Management in an Emergency Setting](#). J Clin Psychopharmacol. 2015 Dec 10. [Epub ahead of print]. TAKE HOME POINT: “No real consensus on the treatment of agitated patients exists, and there is no evidence that benzodiazepines are more effective than neuroleptics, which explains why both drugs are prescribed in emergency wards. Nonetheless, benzodiazepines [...] should have been preferred in this context where alcohol withdrawal was suspected, given the high risk of catatonia in this situation of GABAergic depletion. Cyamemazine and neuroleptics, whatever the class, including new antipsychotics, are less safe and may increase the risk of respiratory depression particularly in associated alcohol and [opiate withdrawal] syndromes.”
2. Rauck RL, Potts J, Xiang Q, Tzanis E, Finn A. [Efficacy and Tolerability of Buccal Buprenorphine in Opioid-Naïve Patients With Moderate to Severe Chronic Low Back Pain](#). Postgrad Med. 2015 Dec 3. [Epub ahead of print]. TAKE HOME POINT: “A [buccal buprenorphine] dose of 75 µg was an appropriate starting dose with titration to the therapeutic dose range over a period of 17 days. The therapeutic dose range was generally well tolerated by this opioid naïve population with a relatively low incidence of treatment-related adverse events during the 12-week [period].”

WEBSITE

For resources, guidances, past newsletters and presentations, visit our Office of Mental Health Services (OMHS) SharePoint site: <http://1.usa.gov/1hKnrYE>

Happy Holidays and best wishes for a Happy New Year!

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

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