



A Tool for Buprenorphine Care

A series of monthly newsletters about buprenorphine treatment
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URINARY HESITANCY AND SEXUAL FUNCTIONS

Recent discussions on relevant national VA listserv groups have highlighted the need for education about urinary hesitancy and sexual functions in our patient populations. Below are three references and summaries for your consideration.

[Bethanechol for Buprenorphine-Related Urinary Hesitancy: A Case Series](#)

| Case 1: Patient had experienced hesitancy before. Pt was treated for opioid dependence in the buprenorphine clinic and was induced. Hesitancy occurred four days after induction and the pt stopped the medication. The pt relapsed, was re-induced, given bethanechol and has been stable for six months. Case 2: Patient was induced and experienced severe hesitancy within 10 days (not acute enough for an ER visit) and was treated successfully with bethanechol. Age greater than 50 for both. | The authors did not find previous reports of bethanechol used for this purpose, and as such, this paper is the first of its kind. | It is crucial to ask about hesitancy in treatment (just as one would inquire about constipation) for patient comfort in order to lead to increased compliance. Additionally, hesitancy may point to an underlying mild prostatic hypertrophy. An anticholinergic medication review is needed.

[Plasma Testosterone and Sexual Function in Men Receiving Buprenorphine Maintenance for Opioid Dependence](#)

| Methadone causes hypogonadism, testosterone deficiency, and sexual dysfunction, but until this paper researchers had not explored the effects of buprenorphine on the gonadal axis. | The study looked at blood samples to test for testosterone. | Buprenorphine had higher testosterone levels and lower self-reported dysfunctions (libido, potency, etc.) compared to methadone. The levels and dysfunctions were the same as healthy controls. Other than the maintenance medications, there were no differences between the groups. | It can be assumed that many methadone users are suffering from untreated hypogonadism. | "Thus, we deduce that buprenorphine can effectively be applied in the therapy of chronic opioid dependence without inducing hypogonadism."

[Erectile Dysfunction in Men Receiving Methadone and Buprenorphine Maintenance Treatment](#)

| Opioid use is equaled with a hypoactive erectile function. | The study showed that erectile function, lower desire, and erection confidence were significantly lower for methadone than either reference or buprenorphine. Methadone users (but not buprenorphine) had a high prevalence of erectile dysfunction, hypogonadism, and depression. | "Sexual dysfunction may be a factor motivating opioid-dependent people to cease heroin use or to leave MMT." | "Hanbury et al. found that 10 of 17 men with sexual dysfunction in MMT had not raised the issue out of embarrassment rather than for want of concern." | Practitioners should screen for sexual dysfunction in men receiving opioid replacement treatment.

BIV'S MONTHLY WEBINAR SERIES:

The BIV's monthly webinar series continues on Tuesday, February 10th at 1:00pm EST with the topic of *Buprenorphine Q&A*. Please submit questions that you would like to be addressed ahead of time to John.HardingJr@va.gov. Look for a Microsoft Outlook calendar invite to the webinar.

MEDICATION-ASSISTED ADDICTION TREATMENT IN THE NEWS

1. [Dying To Be Free: There's A Treatment For Heroin Addiction That Actually Works. Why Aren't We Using It?](#)
2. [The Likely Cause of Addiction Has Been Discovered, and It Is Not What You Think](#)

RESEARCH UPDATE

1. Addict Sci Clin Pract. 2015 Jan 16;10(1):2. [Epub ahead of print] [Release from incarceration, relapse to opioid use and the potential for buprenorphine maintenance treatment: a qualitative study of the perceptions of former inmates with opioid use disorder](#). Fox AD et al. TAKE HOME POINT: "Policies of the criminal justice system (e.g., forced detoxification) may be dissuading former inmates from utilizing effective treatments for opioid use disorder."
2. Subst Abuse Treat Prev Policy. 2015 Jan 27;10(1):4. [Epub ahead of print] [Past-year gambling behaviour among patients receiving opioid substitution treatment](#). Castrén S, Salonen AH, Alho H, Lahti T, Simojoki K. TAKE HOME POINT: "...gambling problems were more common among the patients in [opioid substitution therapy]."

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

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