

## A Tool for Buprenorphine Care

(A series of monthly newsletters about buprenorphine treatment)

Volume 2 Issue 7—January 2009

### Hepatitis C and Buprenorphine Treatment

Hepatitis C is a common comorbidity in patients with opioid dependence. It presents some challenges but does not necessarily preclude treatment with buprenorphine.

Hepatitis C (or B) infection may have played a role in cases of cytolytic hepatitis and hepatitis with jaundice that were observed during clinical trials of Suboxone. Abnormalities ranged from transient asymptomatic elevations of hepatic transaminases to case reports of liver failure, necrosis, hepatorenal syndrome, and hepatic encephalopathy (source: suboxone.com).

Elevation in liver enzymes (AST and ALT) has been reported in individuals receiving buprenorphine, and receiving it long term, so it is especially important to perform liver function tests periodically in patients who have hepatitis C (though abnormalities are much more likely for those who inject buprenorphine rather than take it sublingually). Abnormalities or medical problems detected by laboratory evaluation should be addressed as they would be for patients who are not addicted (source: TIP 40).

### Save the Date! Semi-monthly in-services.

Thanks to all who dialed into the Induction and Perioperative Considerations in-service on January 16. The next one, *Starting a Buprenorphine Clinic*, will be held on **Friday, March 13 at 2pm (ET)**.

To view slides and submit questions during the meeting, log on to Live Meeting here:

<https://www.livemeeting.com/cc/vaoi/join?id=S89G3Q&role=attend> and enter meeting ID S89G3Q. To hear audio, dial 1-800-767-1750 and enter 13881#. The official invitation will be sent in a couple weeks.

### From SAMHSA: New Resource Available on Medication-Assisted Treatment for Opioid Addiction

The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Center for Substance Abuse Treatment (CSAT) is pleased to announce the availability of Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs Inservice Training, a new training manual based on Treatment Improvement Protocol (TIP) 43. This new manual provides detailed training information aimed at introducing substance abuse treatment professionals to medication-assisted treatment for opioid addiction in opioid treatment programs. The manual describes opioid use disorders; provides assessment, treatment planning, pharmacology, and dosing information; and presents evidence-based best practices for treatment. Download a free copy [here](#).

### Research Update

- Ling W, et al. **Buprenorphine tapering schedule and illicit opioid use.** *Addiction*. 2009 Feb;104(2):256-65. (PMID: 19149822.)
- Lee JD, et al. **Home buprenorphine/naloxone induction in primary care.** *J Gen Intern Med*. 2009 Feb;24(2):226-32. Epub 2008 Dec 17. (PMID: 19089508.)
- Barry DT, et al. **Integrating Buprenorphine Treatment into Office-based Practice: a Qualitative Study.** *J Gen Intern Med*. 2009 Feb;24(2):218-25. Epub 2008 Dec 17. (PMID: 19089500.)

### Tip of the Month

When inducing a patient on buprenorphine, he/she should be in mild to moderate opioid withdrawal. If he or she is not in opioid withdrawal at time of arrival in office, assess time of last use and consider having him/her:

- wait in the office until evidence of withdrawal is seen
- leave office and returning later in day
- return another day

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](mailto:margaret.krumm@va.gov) or 412-954-5229 with questions or comments.