

A Tool for Buprenorphine Care

(A series of monthly newsletters about buprenorphine treatment)

Volume 4 Issue 7—January 2011



In-service: Patient Experiences with Buprenorphine

Friday, January 28, 2011—2pm Eastern

Presenters: Dr. Devang Gandhi (Baltimore VAMC), Dr. Laura McNicholas (Philadelphia VAMC), Dr. Joe Liberto (Baltimore VAMC), Dr. Adam Gordon (Pittsburgh VAMC)

To add to your Outlook calendar: <https://www.livemeeting.com/cc/vaoi/meetingICS?id=ptviews&role=attend&i=i.ics>

To join online and view slides: <https://www.livemeeting.com/cc/vaoi/join?id=ptviews&role=attend>

For audio during the presentation, call: 1-800-767-1750 + 13881#

Mark your calendar for these other upcoming in-services:

Friday, March 25, 2pm Eastern: New Formulations and Guideline Revisions

Friday, May 27, 2pm Eastern: VA Buprenorphine Use Updated

Research Update

Mouse-over for abstract

Effects of Buprenorphine and Hepatitis C on Liver Enzymes in Adolescents and Young Adults. Bogenschutz MP, Abbott PJ, Kushner R, Tonigan JS, Woody GE. *J Addict Med.* 2010 Dec;4(4):211-216. PMID: 21170166

Patients' Reasons for Choosing Office-based Buprenorphine: Preference for Patient-Centered Care. Korthuis PT, Gregg J, Rogers WE, McCarty D, Nicolaidis C, Boverman J. *J Addict Med.* 2010 Dec;4(4):204-210. PMID: 21170143

PCSS-B Training and Education

The Physician's Clinical Support System – Buprenorphine (PCSS–B) lists many training and education opportunities on its website. Check it out [here](#).

Training Brush-Up: Relative Medical Contraindications

In general, six medical conditions can be relative contraindications for buprenorphine treatment:

- 1. Seizures:** Use buprenorphine cautiously in patients being treated for seizure disorders. When used concurrently with barbiturates or other anti-seizure medications, such as phenytoin, the metabolism of each drug may be compromised.
- 2. HIV and STDs:** Use buprenorphine cautiously with anti-retrovirals since medication interactions may occur.
- 3. Hepatitis and impaired hepatic function:** Buprenorphine is not contraindicated on the basis of mildly elevated liver enzymes except in active hepatitis; moderately elevated levels should be monitored. However, active hepatitis (common among opioid abusers) should be appropriately evaluated and treated, as should persistently elevated liver function tests.
- 4. Pregnancy:** There are few studies on the use of buprenorphine with pregnant women. Methadone is currently the standard of care for opioid-dependent pregnant women in the United States, though consensus is growing regarding the safety and efficacy of the buprenorphine monoproduct during pregnancy.
- 5. Use of alcohol, sedative-hypnotics, and stimulants:** The abuse of sedative-hypnotics should be considered a contraindication for treatment with buprenorphine, as the combination of benzodiazepines and buprenorphine, especially if injected, may cause death. Assess for use, intoxication, and withdrawal from sedative-hypnotics. Alcohol is a sedative-hypnotic, so patients should be cautioned to avoid it while taking buprenorphine. Those with active or current alcohol dependence are not good candidates for treatment with buprenorphine.
- 6. Other drug use:** Abuse of or dependence on other drugs (such as stimulants or sedatives) is common among opioid-addicted persons and may interfere with overall treatment adherence. Patients should be encouraged to abstain from the use of all non-prescribed drugs while receiving buprenorphine treatment. However, although a predictor of poor adherence, use of other drugs is not an absolute contraindication to buprenorphine treatment. Those with multiple addictions may need to be referred for further or more intensive treatment. Adapted from AAPA DATA2000 training CD-ROM.