

A Tool for Buprenorphine Care

(A series of monthly newsletters about buprenorphine treatment)

Volume 2 Issue 2—July 2008

New Resources

- **Interagency Guideline on Opioid Dosing for Chronic Non-cancer Pain: *an educational pilot to improve care and safety with opioid treatment.*** This 14-page guide from the Agency Medical Directors' Group in Washington State is "to assist the primary care provider who does not specialize in pain medicine in prescribing opioids for adults in a safe and effective manner when: 1) Instituting or transitioning opioid treatment from acute to chronic non-cancer pain; 2) Assessing and monitoring opioid treatment for chronic non-cancer pain; and 3) Weaning opioids if an opioid trial fails to yield improvements in function as well as pain." It also guides "providers in treating patients whose morphine equivalent dose (MED) already exceeds 120 mg per day." Download the guide [here](#).
- **"Dependence vs. Pain"**, posted at [AHRQ's Web M&M](#), is July's Spotlight Case. This case and commentary by Adam J. Gordon, MD aims to:
 - "Define opioid dependence and opioid withdrawal syndrome.
 - "Describe the treatment of opioid withdrawal syndrome including the use of the Clinical Opioid Withdrawal Scale (COWS) and pharmacologic treatments.
 - "Appreciate the stigma associated with opioid dependence and the potential impact on the quality of care provided."

(Access the case directly [here](#).)

Training Reminder

Web-based buprenorphine trainings for physicians wishing to obtain a DEA waiver or any practitioners who simply want to know more about treatment with buprenorphine are at the following sites:

- [American Academy of Addiction Psychiatry](#)
- [American Psychiatric Association](#) [pdf]
- [American Society of Addiction Medicine](#)

Update in Research

- Winstock AR, Lea T, Sheridan J. **Patients' help-seeking behaviours for health problems associated with methadone and buprenorphine treatment.** Drug Alcohol Rev. 2008 Jul;27(4):393-7. (PubMed ID: 18584389.)
- Soyka M, Zingg C, Koller G, Kuefner H. Retention rate and substance use in methadone and buprenorphine maintenance therapy and predictors of outcome: results from a randomized study. Int J Neuropsychopharmacol. 2008 Aug;11(5):641-53. Epub 2008 Jan 21. (PMID: 18205978.)
- Mooney ME, Poling J, Gonzalez G, Gonsai K, Kosten T, Sofuoglu M. **Preliminary study of buprenorphine and bupropion for opioid-dependent smokers.** Am J Addict. 2008 Jul-Aug;17(4):287-92. (PMID: 18612883.)

Tip of the Month

When transferring a patient from a high dose (30-60 mg) of methadone (or another long-acting opioid) to buprenorphine, wait until he or she experiences maximal withdrawal discomfort (at least 48-96 hours after last dose) to avoid precipitating an even worse withdrawal. These patients are more likely to need symptomatic relief of withdrawal symptoms with medications such as clonidine, loperamide, sleep aid, or NSAID. (Source: Suboxone Dosing Guide)