A Tool for Buprenorphine Care

(A series of monthly newsletters about buprenorphine treatment)
Volume 2 Issue 1—June 2008

Managing Acute Pain in Buprenorphine-Maintained Patients

This month's feature is an excerpt from Savage and colleagues' thorough discussion of pain's mechanisms, evaluation and management, and interrelationship with substance abuse, which appears in the June edition of *Addiction Science & Clinical Practice*.

"*Buprenorphine-Maintained Patients.* Strategies for managing acute pain in individuals taking buprenorphine for the treatment of addiction are emerging as experience accumulates. Buprenorphine binds avidly to opioid receptors and thus tends to block the action of other opioids that may be provided for pain. As a result, it is difficult, though not impossible, to obtain analgesia by adding another opioid to buprenorphine. In addition, buprenorphine has kappa opioid receptor antagonist activity that may interfere with the actions of other opioids. When individuals being treated with buprenorphine face surgery or other predictably pain-generating procedures, it is often advisable to discontinue buprenorphine a few days beforehand. Carefully dosed methadone can be added if withdrawal symptoms emerge after the patient stops taking buprenorphine or if continued opioid maintenance therapy is needed to block craving while waiting for surgery.

"If a patient on buprenorphine develops pain requiring opioid therapy owing to an accident or other unexpected event, mu opioids can usually be aggressively titrated to sufficiently high doses to overcome the buprenorphine blockade. The intravenous use of an opioid such as fentanyl, which also binds very tightly to mu opioid receptors, is often recommended. Opioid titration for acute pain in this setting should be done by an experienced clinician with an intravenous catheter; an opioid antagonist such as naloxone should be on hand, and the patient should be closely monitored.

"Alternatively, a patient's low maintenance dose of buprenorphine (e.g., 2 to 8 mg per day) can sometimes be increased and given at 6-hour intervals to control pain. However, because buprenorphine doses of 16 to 32 mg per day saturate the mu receptors while only partially activating them, buprenorphine's analgesic effect may have a ceiling. It is not clear whether doses higher than 16 to 32 mg per day will control more severe pain. Understanding of the analgesic properties of buprenorphine is still evolving."

Savage SR, Kirsh KL, Passik SD. Challenges in using opioids to treat pain in persons with substance use disorders. Addict Sci Clin Pract. 2008 Jun;4(2):4-25. PubMed ID: 18497713

See full article for references, information about mechanisms of pain, discussion concerning persons with non-opioid substance abuse, and those maintained on methadone, and more.

One Year of *A Tool for Buprenorphine Care*!

May's issue marked the completion of a full year's volume of this newsletter. If you missed any or would like to have all of them consolidated into one file, please send a request.

Updates in Research

- Simojoki K, Vorma H, Alho H. **A retrospective evaluation of patients switched from buprenorphine (Subutex) to the buprenorphine/naloxone combination (Suboxone).** Subst Abuse Treat Prev Policy. 2008 Jun 17;3(1):16. [Epub ahead of print]. (PubMed ID: 18559110. Click here for provisional PDF.)
- Roose RJ, et al. **Nurse practitioner and physician assistant interest in prescribing buprenorphine.** J Subst Abuse Treat. 2008 Jun;34(4):456-9. Epub 2007 Jul 30. (PubMed ID: 17664052)

Tip of the Month

Remember the behavioral criteria that are suggestive of misuse or addiction:

- Impaired control over use, compulsive use
- Continued use despite harm due to use
- Preoccupation with use, craving

Tolerance, physical dependence/withdrawal, or unsuccessful attempts to cut down do not necessarily indicate addiction.
Source: Savage SR, Kirsh KL, Passik SD. Challenges in using opioids to treat pain in persons with substance use disorders. Addict Sci Clin Pract. 2008 Jun;4(2):4-25. PubMed ID: 18497713

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