

A Tool for Buprenorphine Care

(A series of monthly newsletters about buprenorphine treatment)

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Great Resource on Integrated Treatment for HIV and Opioid Dependence

This month's supplement to the *Journal of Acquired Immune Deficiency Syndromes* (JAIDS) focuses on the integration of buprenorphine treatment for opioid dependence and HIV care. All content is available free online. Articles include:

- "A Model Federal Collaborative to Increase Patient Access to Buprenorphine Treatment in HIV Primary Care"
- "HIV Treatment Outcomes Among HIV-Infected, Opioid-Dependent Patients Receiving Buprenorphine/Naloxone Treatment within HIV Clinical Care Settings: Results From a Multisite Study"
- "Hepatic Safety and Lack of Antiretroviral Interactions With Buprenorphine/Naloxone in HIV-Infected Opioid-Dependent Patients"

Check it out [here](#).

PCSS-B Holding Co-Occurring Addictions Webinar April 12

BIV colleague Dr. Andrew Saxon (Puget Sound VA) will be discussing the treatment of opioid dependence with buprenorphine and co-occurring addictions on April 12 at 12pm (Eastern).

Registration is required. Register at <https://www2.gotomeeting.com/register/317936715>.

Get more information [here](#) [pdf].

Research Update

Mouse-over for abstract

Sexual Dysfunction among Male Patients Receiving Buprenorphine and Naltrexone Maintenance Therapy for Opioid Dependence. Ramdurg S, Ambekar A, Lal R. J Sex Med. 2011 Mar 2. [Epub ahead of print] PMID: 21366875

The impact of long-term maintenance treatment with buprenorphine on complex psychomotor and cognitive function. Shmygalev S, Damm M, Weckbecker K, Berghaus G, Petzke F, Sabatowski R. Drug Alcohol Depend. 2011 Feb 24. [Epub ahead of print] PMID: 21353749

Oral naltrexone maintenance treatment for opioid dependence. Minozzi S, Amato L, Vecchi S, Davoli M, Kirchmayer U, Verster A. Cochrane Database Syst Rev. 2011 Feb 16;2:CD001333. PMID: 21328250

Training Brush-Up: Psychiatric History

Assessment for psychiatric comorbidity should focus upon the **history** and include a **mental status examination**. Probe for **stressors** throughout the patient's life and symptoms of major psychiatric illness, such as:

- Depression
- Anxiety
- Irritability
- Psychosis
- Mood swings
- Suicidal thoughts or attempts

Also, probe for **current or past treatment with psychotropic medications** and the effects of those medications. Were symptoms present before, during, or after substance use? What effects did abstinence have on psychiatric symptoms? Do not limit questions to treatment delivered by a psychiatrist or occurring in an inpatient or outpatient setting, as psychiatric treatment may have been delivered by a non-psychiatrist, such as an antidepressant prescribed by a family physician or psychotherapy provided by a psychologist.

Source: DATA-2000 AAAP Training CD-ROM.