A Tool for Buprenorphine Care

(A series of monthly newsletters about buprenorphine treatment)

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Buprenorphine Initiative in the VA

The Issue of Co-morbidity

Use of illicit substances contributes to significant morbidity and mortality worldwide. In the United States, drug use is a leading cause of preventable death and contributes to the incidence and morbidity of other mental health and physical health conditions. Healthcare providers are well aware that use of illicit substances is associated with environmental and social harms; it is not unusual for a person with an addiction to be unemployed, homeless, impoverished, or associated with illegal activities. These social morbidities also contribute to ill physical health by influencing such things as sanitation, medication compliance, and risky behaviors. Most of the current criteria to diagnose both substance abuse and substance dependence disorders have little to do with the amount of substance used but rather the non-medical harm associated with its use. Simply put, drug addiction is a complex illness that impacts mental, physical, and environmental health.

Recent advances in addiction have indicated that a pathophysiological basis for disease exists for many illicit substances; addiction is not simply a behavior of compulsive consumption of a substance. The association of use of various illicit substances with various mental health conditions has been firmly established; however, the association between illicit substance use and physical health conditions is less known. The influence of illicit substance use on co-morbid conditions is important and often under-recognized by the treatment provider. Associations of illicit substances on medical health conditions—whether epidemiological or causative in nature—play important roles in how patients interact with the healthcare system and how providers interact with patients who use illicit substances. Co-morbidity among people with psychiatric conditions—including the comorbid conditions of medical conditions and substance use and abuse—is recognized as a significant challenge for mental health providers and even more of a challenge for generalist healthcare providers.

Nonetheless, it is becoming increasingly clear that treatments that attend to patients' comorbid conditions need to be developed, and that generalist healthcare providers ought to assess and treat addiction disorders within the confines of generalist settings. In fact, recent principles of effective treatment published by the United States' National Institute of Health, National Institute of Drug Abuse indicate that addictive disorders should be assessed and treated in the presence of co-morbid mental health and physical health conditions.

From: (Gordon) Physical Illness and Drugs of Abuse: A Review of the Evidence. Cambridge University Press. 2010.

Buprenorphine and medication-assisted addiction treatment in the news

Buprenorphine Implant to Treat Opioid Addiction: *1) Buprenorphine Implants to treat Opioid Addiction*
2) Addiction Treatment with Buprenorphine – implant successful

Research update

1. F Wolff R, Aune D, Truyers C, V Hernandez A, Misso K, Riemsma R, Kleijnen J. Systematic Review of efficacy and safety of **Buprenorphine** versus Fentanyl or Morphine in patients with chronic moderate to severe pain. Curr Med Res Opin. 2012 Mar 23. [Epub ahead of print]
2. Hamza H, Bryson EO. **Buprenorphine** maintenance therapy in opioid-addicted health care professionals returning to clinical practice: a hidden controversy. Mayo Clin Proc. 2012 Mar;87(3):260-7.
3. Plosker GL, Lyseng-Williamson KA. **Buprenorphine** 5, 10 and 20 µg/h Transdermal Patch: A Guide to Its Use in Chronic Non-Malignant Pain. CNS Drugs. 2012 Apr 1;26(4):367-73.

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