

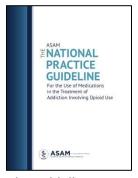
Buprenorphine Initiative in the VA (BIV)
Improving Implementation and Outcomes of
Office-Based Treatment of Opioid Dependence in the VA
Compiled and hosted by VISN 4 MIRECC

A Tool for Buprenorphine Care

A series of monthly newsletters about buprenorphine treatment Volume 9 | Issue 4 | November 2015

NEW ASAM GUIDELINES

In September 2015, the American Society of Addiction Medicine (ASAM) released its National Practice Guideline. The guideline provides a patient assessment and, based on the results, addresses treatment settings. The guideline also gives instruction for special populations such as pregnant and adolescent patients. A further overview can be found here. ASAM



provides a thorough <u>website</u> dedicated to the guideline and the full text can be found <u>here</u>.

HHS BUPRENORPHINE SUMMIT

In September 2014, The Department of Health and Human Services and the National Institute on Drug Abuse hosted the 2014 Buprenorphine Summit to discuss the current and future state of buprenorphine care. Their report indicates key points on major topics as well as actionable items.



BIV'S MONTHLY WEBINAR SERIES:

The BIV's monthly webinar series continues on Tuesday, November 11th at 1:00pm EST with the topic of *Home and Remote Buprenorphine Care.* Look for a Microsoft Outlook calendar invite to the webinar.

If you have a question you would like to have addressed, please submit it to <u>John.HardingJr@va.gov</u>. Previous webinars (including slides and audio) can be found on the BIV Sharepoint site <u>here</u>.

MEDICATION-ASSISTED ADDICTION TREATMENT IN THE NEWS

- 1. Buccal Buprenorphine Approved For Patients With Chronic Pain
- 2. Study Finds 'Notable Downturn' in Opioid Abuse

RESEARCH UPDATE

- 1. Nørgaard M, Nielsson MS, Heide-Jørgensen U. <u>Birth and Neonatal Outcomes Following Opioid Use in Pregnancy: A Danish Population-Based Study.</u> Subst Abuse. 2015 Oct 9;9(Suppl 2):5-11. doi: 10.4137/SART.S23547. eCollection 2015. TAKE HOME POINT: "[...] the maternal use of buprenorphine and methadone during pregnancy was associated with the increased prevalence of adverse birth outcomes, and smoking did only explain a minor part of this increase. Still, we cannot rule out that confounding by socioeconomic position and other lifestyle factors may have influenced our estimates. The risk of [neonatal abstinence syndrome] was eight-fold higher in methadone-exposed neonates than that in buprenorphine-exposed neonates. It is, however, possible that differences in the underlying indications for opioid treatment, such as purely analgesic purpose versus opioid-dependent treatment, may explain at least some of these differences."
- 2. Wachman EM, Saia K, Humphreys R, Minear S, Combs G, Philipp BL. Revision of Breastfeeding Guidelines in the Setting of Maternal Opioid Use Disorder: One Institution's Experience. J Hum Lact. 2015 Oct 29. pii: 0890334415613823. [Epub ahead of print]. TAKE HOME POINT: "Since implementation of the new breastfeeding guidelines in April 2015, data were reviewed from 28 mother-infant pairs. Breastfeeding eligibility increased to 82%. Of those who were eligible, a stable 60% of the mothers, or 50% of the total population, initiated breastfeeding. This represents a 15% increase in breastfeeding since implementation of the new guidelines. Length of hospitalization for treated infants with NAS [neonatal abstinence syndrome] decreased from 22 to 17 days during the 2 study periods. The change in guidelines has led to increased harmony between providers and has assisted in our promotion of nonpharmacologic care for NAS."

WEBSITE

For resources, guidances, past newsletters and presentations, visit our Office of Mental Health Services (OMHS) SharePoint site: http://1.usa.gov/1hKnrYE

BIV: Improving Implementation and Outcomes of Office-Based Treatment of Opioid Dependence in the VA

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