Buprenorphine and breastfeeding

For the relatively rare times you care for a lactating veteran, keep this in mind: Despite package insert advice against breastfeeding, consensus is building that the amount of buprenorphine and its metabolites secreted into breast milk is small enough to recommend breastfeeding over formula for neonates born to buprenorphine-maintained mothers.\textsuperscript{1-4} Once inhaled, the little buprenorphine that is in breast milk is subjected to extensive first-pass metabolism, thus decreasing its oral bioavailability significantly. Babies born with neonatal abstinence syndrome do not get relief with breast milk containing buprenorphine,\textsuperscript{1,4} and abruptly discontinuing breastfeeding does not precipitate withdrawal.\textsuperscript{4}

See also the CSAT/SAMHSA Treatment Improvement Protocols (TIP) \textsuperscript{40} and \textsuperscript{43}.

Buprenorphine and medication-assisted addiction treatment in the news


\textit{"Are we under-treating or over-medicating chronic pain patients?"} Samantha Swindler. Tillamookheadlightherald.com Nov. 2, 2011.

Transition in the BIV

I’ve had the pleasure of coordinating the Buprenorphine Initiative in the VA (BIV) with Dr. Adam Gordon since March 2008. During the next month, I’ll be transitioning out of the position and handing it off to Dan Harding, a friend and colleague.

When I began, I knew very little about medication-assisted treatment of addiction, but I enjoyed learning about this fascinating part of pharmacology and found harm reduction addiction treatment compelling. In the meantime, I was trying to decide once and for all whether to pursue a career in medicine.

In December 2008, I received an acceptance letter from Chatham University’s Physician Assistant program, and I happened to be setting a wedding date. Rather than beginning PA school and marriage at the same time, I asked for a deferral, and my training began the day after our first anniversary.

Now I’m halfway through my clinical year, looking forward to taking the boards in August, and imagining myself as a primary care provider. Already it’s clear that my time at the BIV has had a part in shaping the clinician I am becoming. I sense that my reaction to “drug seekers” differs from that of many other providers, and I will discuss treatment options with patients who have opioid dependence with more confidence as a result of my time here.

During my time with the BIV, we have hosted 12 online inservices, published 41 newsletters, and responded to nearly 1000 inquiries. We have expanded access to effective care for a disorder that affects so many of our Veterans, and I am honored to have been a part of it.

\textit{Margaret}

p.s. In next month's newsletter, meet my successor, Dan Harding!

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Research update

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