Buprenorphine

Discontinuation Guide

Fun Facts

- The tapir is an endangered mammal that lives in South America
- There are several species of tapir
- They are all herbivores and are shaped a bit like a pig with a prehensile nose/trunk
- There are about 4000 of these animals left in the world

Your Speaker

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Disclosures

I have no financial disclosures.

Any use of brand name medications is for clarity.

Objectives

1. Participants will be able to name at least one assessment strategy to discuss readiness to taper.
2. Participants will be able to identify at least two methods to mitigate actual or perceived medication withdrawal symptoms (subjective and objective symptoms).

Buprenorphine

- Partial agonist therapy
- Used in the treatment of opioid use disorder
- Shown to reduce morbidity and mortality among those who use drugs
- Demonstrated effectiveness in helping people stop or reduce drug use
- Many benefits to society

People in Recovery are More Likely to:

- Vote
- Be employed
- Own a business
- Volunteer
- Earn a college degree

Than the average population

The Burden of OUD

- Medicaid spent over $1 Billion on buprenorphine in 2018.
- The cost of those untreated is tremendously higher.
- The social cost and loss of life is immeasurable.

The Burden of Recovery for the Patient

- Stigma
- Cost
- Program requirements
  - Counseling, appointments, groups, time off from work
- Transportation
- Getting along with others
  - Staff, pharmacies, groups

Is there another chronic disease that requires:

- Daily, weekly, or monthly appointments on a long term basis?
- Medical appointments + counseling and/or group appointments?
- Daily or weekly trips to the pharmacy?
- Presentation to the office for urine screening and medication counts at the drop of a hat?

What about Fear?

- Lost or stolen medications
- Having medication discontinued due to rules you may or may not understand
- Clerical errors related to refills
- What if there is a snow storm?
- What if you have to leave town?
- What if your boss won't let you leave work?
- What if someone finds out????

Question Time!

Appropriate Time to Think about Tapering

- Old convention was discontinuation of MOUD at 24 months
- Many times insurance would stop paying unless there was a prior authorization with "justification" of continuation of treatment
- The modern approach is to continue treatment as long as there is benefit

Another Question

What are the Risks of Choosing to Taper

- Relapse rate is 90% REGARDLESS of length of treatment
- Often with deadly consequences

Even so…

- Many patients wish to pursue a taper
- How do we help them be successful?

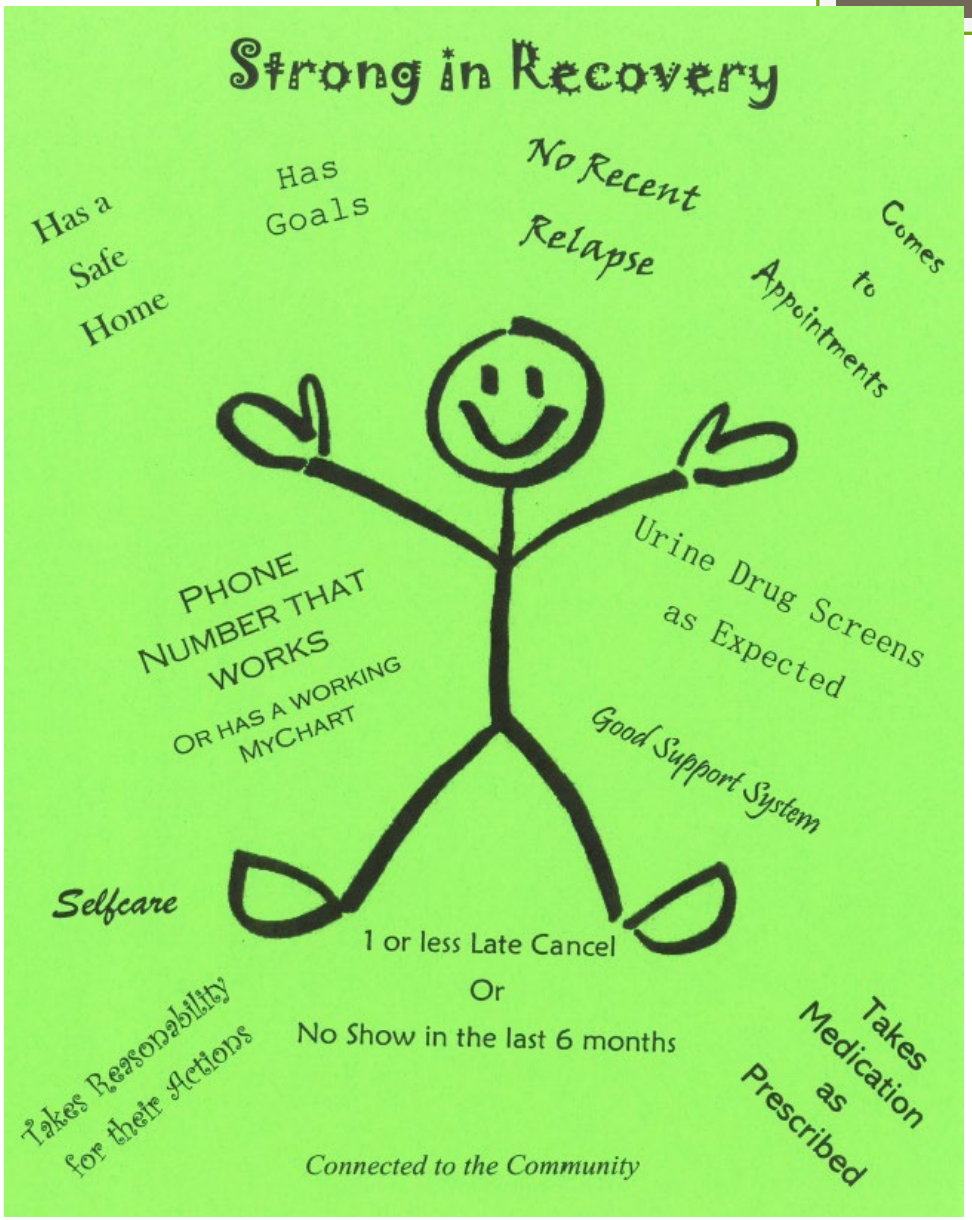
Here is a question to ponder

When Discussing a Taper

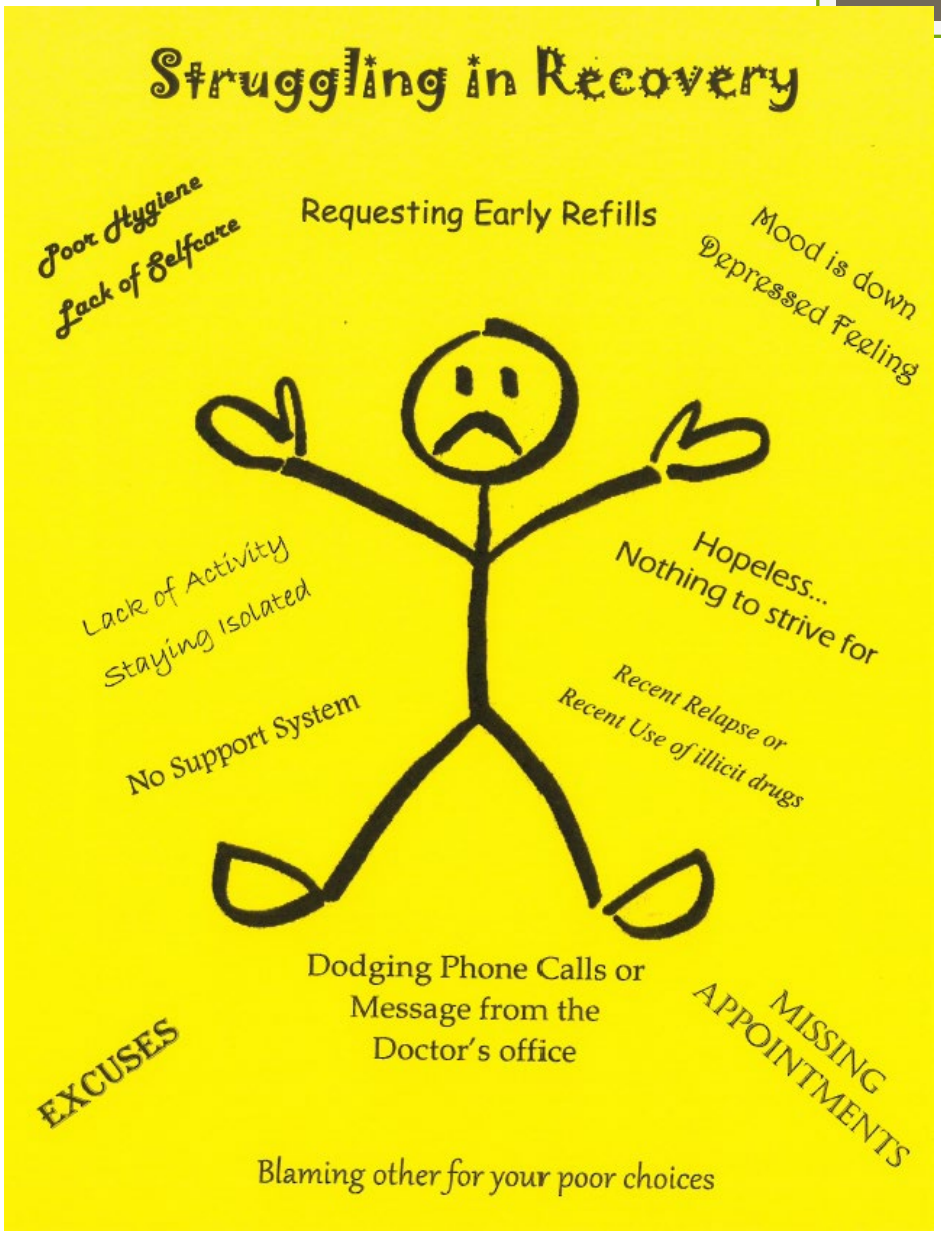
- This is ULTIMATELY the decision of the patient
- However, it is perfectly ok for all care providers to at least weigh in about concerns if there are any

Tapering Candidates

- Strong in Recovery
- Struggling in Recovery



- A safe home
- Goals
- No recent drug use
- Comes to appointments
- UDS as expected
- Good supports
- Takes medication as prescribed
- No no-shows or late cancels recently
- Connected to the community
- Takes responsibility
- Self care
- Working phone



- Requests for early refills
- Depressed mood
- Hopeless, no goals
- Recent drug use
- Missing appointments
- Dodging phone calls
- Blaming others for your choices
- Excuses
- No support system
- Lack of activity
- Staying isolated
- Poor hygiene
- Lack of self care

Questions to Ask your Patient

- How can I best support you to meet your goals?
- What specific thing or things make you want to get off buprenorphine?
- Would you like to discuss treatment with non-opioid medication or treatment with no medications?

Leave the Door Open

Question Time Again!

Program Attrition

Patient Factors

- Incarceration
- Logistics
- Cost
- Relapse/drug use
- Younger age
- Male sex (may be related to dosing)

Program Factors

- Conflicts with staff
- Missing too many appointments
- Requirements of the program
- ***Stringent attitude of program (dosing)***

The Mechanics of Tapering

Tapering Basics

- Keep dosing reductions to 10% or less of original dose
- Determine if the goal is to decrease or to stop
- Does your patient have a date in mind?
- How flexible is the patient?
- How flexible is the provider?

Two Tapering Approaches

Steady Taper

- Dose is reduced at intervals decided by patient and provider

Staggered Taper

- Dose reductions are staggered in every 2-3 days (takes longer)

Tapering Examples: Beginning dose = 8 mg per day

Steady Taper

- Month #1: dose is 7 mg a day
- Month #2: dose is 6 mg a day
- So-on

Staggered Taper

- Month #1: 8, 8, 6 – 8, 8, 6
- Month #2: 8, 6, 6, - 8, 6, 6
- Month #3: Dose is 6 mg a day

Some People Get Stuck

- There are many patients who find themselves stuck on a low dose suboxone
- This sometimes is due to the FEAR of withdrawal symptoms
- This is sometimes due to the persistent mood, sleep, and energy symptoms

Discomfort with Tapering

During a Taper

- Follow your patient closely, as often as they will allow and as often as your schedule will allow
- Assess for withdrawal symptoms
- Use supportive medications or pause the taper

Opioid Withdrawal

- Restless legs “creepy crawly” feelings
- Sweating, piloerection
- Yawning
- Body aches
- Mood issues
- Sleep issues
- GI issues: diarrhea, stomach cramps

Supportive Medications

- Clonidine 0.1 mg BID or TID depending on blood pressure at baseline
- Acetaminophen 500-1000 mg TID if needed
- Gabapentin 300-600 mg QHS
- May sometimes need to start SSRI or other mood medication, counseling!!
- Trazodone (50-100 mg) or Mirtazepine (7.5 mg)
- Dicyclomine (20 mg Q6 hours) if needed
- Lopiramide 2 mg up to 4 times per day

There are more medications, but I like to avoid anything controlled

Steady Reassurance

- Discomfort from medication discontinuation does improve in time
- How long is anybody's guess
- The physical symptoms tend to be ok within 2 months
- The psychological symptoms could persist much longer

OUD as a Chronic Disease

- Work to reduce shame and stigma with medication management
- Work to practice in a way that a patient feels safe to return to you
- Try to get your patient to follow up with you periodically for the long term if they will (but they probably won't)

The Future of Treatment and Tapering???

- Long-acting subcutaneous buprenorphine

Monthly Injection

- I found one study that used the maintenance dose of sublocade (100 mg 1 time) to help patients get off low dose suboxone.
- This was a case study description of 3 cases.
- This shows promise.

Resources

Bentzley, B. S., Barth, K. S., Back, S. E., & Book, S. W. (2015). Discontinuation of buprenorphine maintenance therapy: Perspectives and outcomes. *Journal of Substance Abuse and Treatment (52)*48-57.

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Your Turn!

Do you have questions for ME??

Thank you so much for your kind attention.