Buprenorphine: Beginning Treatment

Day 1

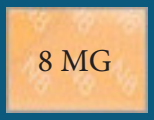
Before taking a buprenorphine dose, you want to feel lousy from your withdrawal symptoms. It should be at least 12 hours since you used heroin or pain pills (Oxycontin, Vicodin, etc.) and at least 24 - 48 hours or longer for long-acting opioids such as methadone. The worse you feel when you begin the medication, the better it will make you feel and the more satisfied you will be with the experience.

You should have at least 3 of the following feelings before taking the medication:

- twitching/tremors/ shaking
- muscle, joint and bone aches
- bad chills or sweating
- anxious or irritable
- goose bumps
- restlessness
- heavy yawning
- enlarged pupils
- stomach cramps, nausea

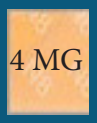
First Dose: 4 mg of buprenorphine

4 mg of buprenorphine is one half of an 8 mg sublingual film strip (One half tablet of 8 mg tabs, or two tablets of 2mg tabs)



1. Start with full film

2. Cut full film in half



3. This is your first dose

Administration: Hour 1

1. Place under tongue

Put the 4 mg strip (or tablet) under your tongue and do not swallow it.

2. Keep it there for 15 minutes

The medicine is absorbed through the skin on the bottom of your tongue and will work over the course of 15 minutes.

3. Check in at one hour

If you better, don't take any more. If you still have feelings of withdrawal, put the remaining 4mg under your tongue.

Symptoms

Clinical Opioid Withdrawal Scale (COWS)

11 item scale - objective and subjective items:

- Pulse
- Diaphoresis
- Tremor
- Pupils dilated
- Yawning
- Runny nose/tearing
- GI upset
- Restlessness
- Bone/joint ache
- Anxiety
- Gooseflesh

Induction Visit Procedures

Models of Buprenorphine - Induction Erik Gunderson, MD
Wesson, 2003

- General target score 6-10 prior to starting BUP
- After the first 3 months of experience, began to require >1 objective sign and raised the pre-dose COWS target to >7
- Discharge after the COWS decreased to < 4 Dosing
- 2-4mg q1-2 hr (BUP/NX or BUP) started at program
- Take home meds + instructions/phone #s
- Max 16mg Day 1
- Initial Rx/stored on site > dispensed (Requires locked storage and documentation)

Ancillary withdrawal meds taken as needed before or after initiation

Administration: Hours 6 - 12

1. Check in at hour 6

Later in the day (6 -12 hours after the first dose), see how you feel again. If you feel fine, don't take any more. If you have withdrawal feelings, take another 4mg dose under your tongue.

2. 16 mg limit and withdrawal

Do not take more than 16 mg on the first day. Most people feel better after 4 - 12 mg on their first day, but if you still feel really bad, like you are having a bad withdrawal, return to the Emergency Department.

3. Create a plan

It is crucial that you follow up with a medical provider to start your follow-up care.

OPIOID RESPONSE NETWORK
STR-TA

Administration: Day 2 The right dose depends on how you felt on day one

4 MG

If you took 4 mg on Day 1 and felt fine this morning, take 4 mg as your Day 2 dose

8 MG

If you took 8 mg on Day 1 and felt fine this morning, take 8 mg as your Day 2 dose.

OR

If you took 4 mg on Day 1 and woke up feeling withdrawal symptoms, take 8 mg as your Day 2 dose.

8 MG + 4 MG

If you took 12 mg on Day 1 and felt fine this morning, take 12 mg as your Day 2 dose.

OR

If you took 8 mg on Day 1 and woke up feeling withdrawal symptoms, take 12 mg as you Day 2 dose.

Buprenorphine/Naloxone Maintenance Treatment for Opioid Dependence

Buprenorphine/naloxone (Buprenorphine/naloxone) Maintenance Treatment / Family Information Guide

What is an opioid?

Opioids are narcotics (medicines that are used to treat pain, cough or opioid addiction and which produce drowsiness, fuzzy thinking, and euphoria in some). Buprenorphine is the opioid medicine in Buprenorphine/naloxone that treats opioid addiction.

Why are opioids used to treat addiction?

Some people ask "Isn't this substituting one addiction for another?" But the medications used to treat addiction to heroin and prescription pain medications – methadone and buprenorphine are longer-acting than other opioids like heroin and so are not "just substitution." Many medical studies since 1965 show that maintenance treatment with these long-acting opioids helps keep patients healthier, keeps them from getting into legal troubles, and helps to prevent them from getting other diseases such as Hepatitis and/or HIV/AIDS.

What is the right dose of Buprenorphine/naloxone?

Every opioid can have stimulating or sedating effects, especially in the first weeks of treatment. Once a patient is stabilized on the correct dose of buprenorphine, the patient should not feel "high," and there should be no excessive sleepiness or intoxication. The 'right' dose of buprenorphine/naloxone is the one that allows the patient to feel and act normally. Most patients will need 12/3 mg (buprenorphine/naloxone) to 16/4 mg of buprenorphine/naloxone daily to achieve relief of opiate withdrawal symptoms and craving. Most patients can be inducted onto the buprenorphine/naloxone and stabilized within a few days. Occasionally it may take a little longer to find the right dose (up to a few weeks). Once the right dose is found, it is important to take it on time in a regular way (once daily), so the patient's body and brain can work well.

Behavioral Health Treatment

Concurrent behavioral treatment is a critical element of MAT. The ASAM National Practice Guideline recommends that prescribers offer patients behavioral treatment early in their buprenorphine treatment. The guideline recommends that behavioral treatment should include, at minimum: • Assessment of psychosocial needs.

- Supportive individual or group counseling (or both).
- Linkages to existing family support systems.
- Referrals to community-based services.

ASAM notes these models of behavioral treatment are effective for patients on buprenorphine:

- Cognitive–behavioral therapies.
- Contingency management.
- Relapse prevention.
- Motivational interviewing.

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