Adopting Buprenorphine-Naloxone Short-term Taper for Medically Managed Opioid Withdrawal

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Topics

- A medication example of moving from clinical trial to clinical practice: Buprenorphine short-term taper at Maryhaven
- Importance of ongoing monitoring, evaluation and, feedback on provider modifications to interventions
Types of Medications Used in Opioid Dependence Treatment

- **Full Agonist** (e.g., methadone)
- **Partial Agonist** (e.g., buprenorphine)
- **Antagonist** (e.g., Naloxone)

Dose of Opiate:

- Opiate Effect:
  - Death
Buprenorphine/Naloxone combination and Buprenorphine Alone
Two, open-label, randomized clinical trials, residential & outpatient.

Compared Buprenorphine-Naloxone (n = 77) and Clonidine (n = 36) for 13 day opiate detoxification in residential.

Initiated in 6 Community Treatment Programs.

Outcome:
- **BUP/NX = 77% (59) Present and Clean on day 13**
- **Clonidine = 22% (8) Present and Clean on day 13**

Motivational Incentives for Enhanced Drug Abuse Recovery

MIEDAR
NIDA Research

Conducted through NIDA’s Clinical Trials Network (CTN)

Hand-Off Meeting

A collaboration–review research findings; preliminary dissemination strategies and Blending Team formation

Blending Team

Develops products for use in the field

PAMI

Promoting Awareness of Motivational Incentives
Blending Team Products

- Buprenorphine Treatment: A Training for Multidisciplinary Addiction Professionals
- *Treatment Planning M.A.T.R.S.: Utilizing the Addiction Severity Index (ASI) to Make Required Data Collection Useful*
- Short-Term Opioid Withdrawal Using Buprenorphine: Findings and Strategies from a NIDA Clinical Trials Network Study
- Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency (MIA: STEP)
- Promoting Awareness of Motivational Incentives
Sources of NIDA CTN Dissemination on the Web

- NIDA CTN Dissemination Library Website
  - [http://ctndisseminationlibrary.org/](http://ctndisseminationlibrary.org/)

- NIDA/SAMHSA-ATTC Blending Initiative
Adopt This Treatment?

“We must find a better way to treat these patients, more than half of them are not continuing with treatment”

Maryhaven Medical Director
Three Groups

- Prior to BNX implementation, $n = 157$
  - Admitted prior to BNX Implementation between 6/10/03 - 8/24/03

- After BNX implementation but no BNX, $n = 227$
  - Admitted between 8/25/03 - 1/31/04, but did not take BNX

- Received BNX, $n = 64$
  - Admitted between 8/25/03 - 1/31/04 and received BNX
### BUP/NX Taper at Maryhaven

<table>
<thead>
<tr>
<th>Day</th>
<th>BNX Dose (mg of bup)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Darvocet N 100, Clonidine 0.1mg po tid &amp; Lorazepam 1 mg.</td>
</tr>
<tr>
<td>1</td>
<td>4 plus 4 more if not contraindicated (subutex for 1st dose if long-acting)</td>
</tr>
<tr>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>3</td>
<td>16</td>
</tr>
<tr>
<td>4</td>
<td>14</td>
</tr>
<tr>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>6</td>
<td>10</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>8-9</td>
<td>6</td>
</tr>
<tr>
<td>10-11</td>
<td>4</td>
</tr>
<tr>
<td>12-13</td>
<td>2</td>
</tr>
</tbody>
</table>
Patient Demographics

- Female
- Male
- African American
- White

Legend:
- Prior to BNX
- No BNX
- BNX

% of Patients
Treatment Completion & Engagement

A

Prior To BNX

No BNX

BNX TX

Completed Detoxification Program

% of Patients

54

56

84

B

Prior To BNX

No BNX

BNX TX

Continued Early TX Engagement

% of Patients

31

32

82

* p = .0001

Maryhaven QI data showed decline in completion rates as the number of admissions increased.

Further investigation indicated that initial indicator of completion drop-off was not accurate but transfer drop off was substantial.

Chart review revealed adaptation of the treatment to treat greater number of patients with the unintended result of lower success rates.
Two Groups

- 100 patients admitted for short-term Buprenorphine Taper between 6/01/04 & 12/31/04

  - BNX 7 Day Taper, \( n = 29 \)
  - BNX 13 Day Taper, \( n = 71 \)
BUP Taper Admits
June Thru December 2004

<table>
<thead>
<tr>
<th>AGE</th>
<th>7 Day</th>
<th>13 Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Range</td>
<td>21-54</td>
<td>18-58</td>
</tr>
<tr>
<td>Mean</td>
<td>36</td>
<td>35</td>
</tr>
<tr>
<td>Median</td>
<td>30</td>
<td>33</td>
</tr>
</tbody>
</table>

Bar chart showing male and female African American admissions:
- Female:
  - 7 Day Taper: 40
  - 13 Day Taper: 20
- African American:
  - 7 Day Taper: 30
  - 13 Day Taper: 10
Taper Completion & Engagement

Taper Completion

- 7 Day Taper
- 13 Day Taper

Completion

Treatment Engagement

- 7 Day Taper
- 13 Day Taper

Engagement
Clinical Significance of Transfer

■ Detoxification is not a treatment for addiction

■ A critical quality indicator for detoxification is engagement in ongoing treatment
Risks of Opiate Detoxification

- BNX detoxification taper without ongoing treatment leads to rapid relapse

- Return to opioid use after even a brief period of abstinence may increase the risk for accidental drug overdose
Timeline of Opiate Treatment Innovations at Maryhaven

- 2001 BUP Clinical Trial
- 2003 Adoption of BUP Taper
- 2005 Adoption of BUP Maintenance
- 2007 Open OTP with both Methadone and BNX
Conclusion

- Identify important outcomes
- Measure & monitor outcomes
- Evaluate impact of provider modifications to intervention; even small shifts in practice can have significant unintended consequences
- Provide timely feedback to clinicians and other stakeholders