



# Opioid Tapering and Buprenorphine

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DATE: October 2019 PRESENTED BY: Jonathan Robbins MD, OHSU Internal Medicine

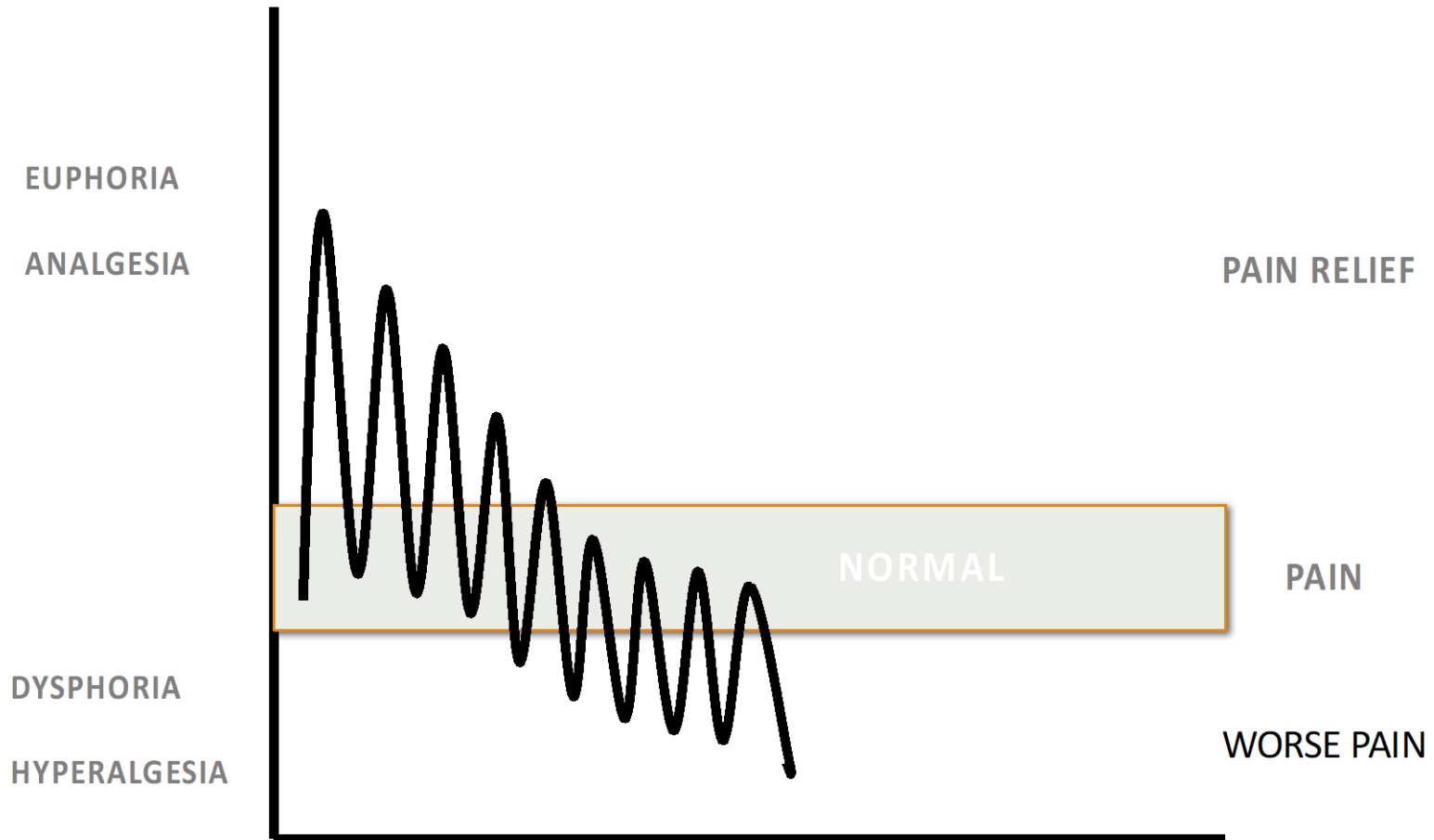
# Disclosures

- **Speaker:** Jonathan Robbins has nothing to disclose

# Learning Objectives

1. Differentiate between opioid dependence and opioid use disorder in patients on chronic opioid therapy
2. Utilize patient-centered language when discussing chronic pain treatment and opioid tapering
3. Identify when to discuss and transition to buprenorphine/naloxone therapy during opioid tapers

# Opioid dependence includes dependence on analgesia



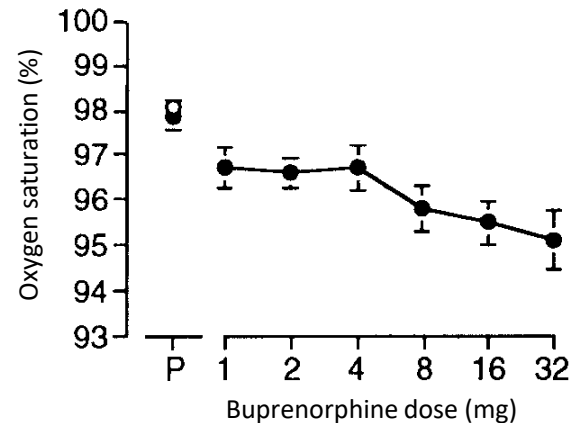
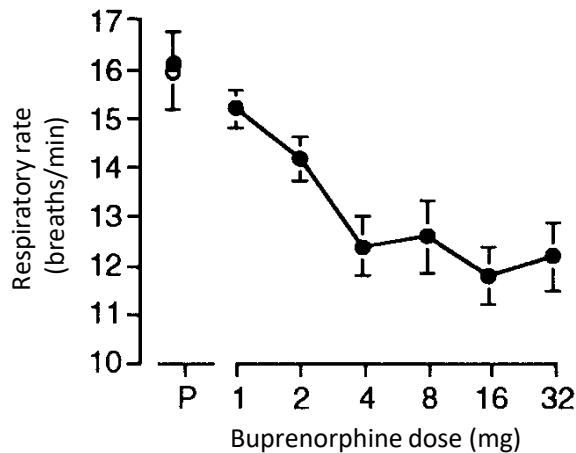
# DSM-V Criteria for Opioid Use Disorder

11 total criteria:

- ✓ Unable to fulfill role obligations 2 - 3
- ✓ Social or interpersonal problems due to use mild disorder
- ✓ Hazardous use
- ✓ Taken in larger amounts or over longer period 4 - 5
- ✓ Unsuccessful efforts to cut down or control moderate disorder
- ✓ Great deal of time spent to obtain substance
- ✓ Important activities given up or reduced
- ✓ Continued use despite harm 6+
- ✓ Craving severe disorder
- ✓ Tolerance\*
- ✓ Withdrawal/physical dependence\*

# Buprenorphine Dosing: Safety

- Cognitive and psychomotor effects appear to be negligible.
- Respiratory rate slowed but has as a plateau effect in adults.
- Nearly all fatal poisonings involve multiple substances



# Buprenorphine Conversions

Morphine	Methadone	Buprenorphine
250 mg	30 mg	8 mg
500 mg	40 mg	8-16 mg
750 mg	60 mg	8-24 mg
1000 mg	80 mg	8-32 mg

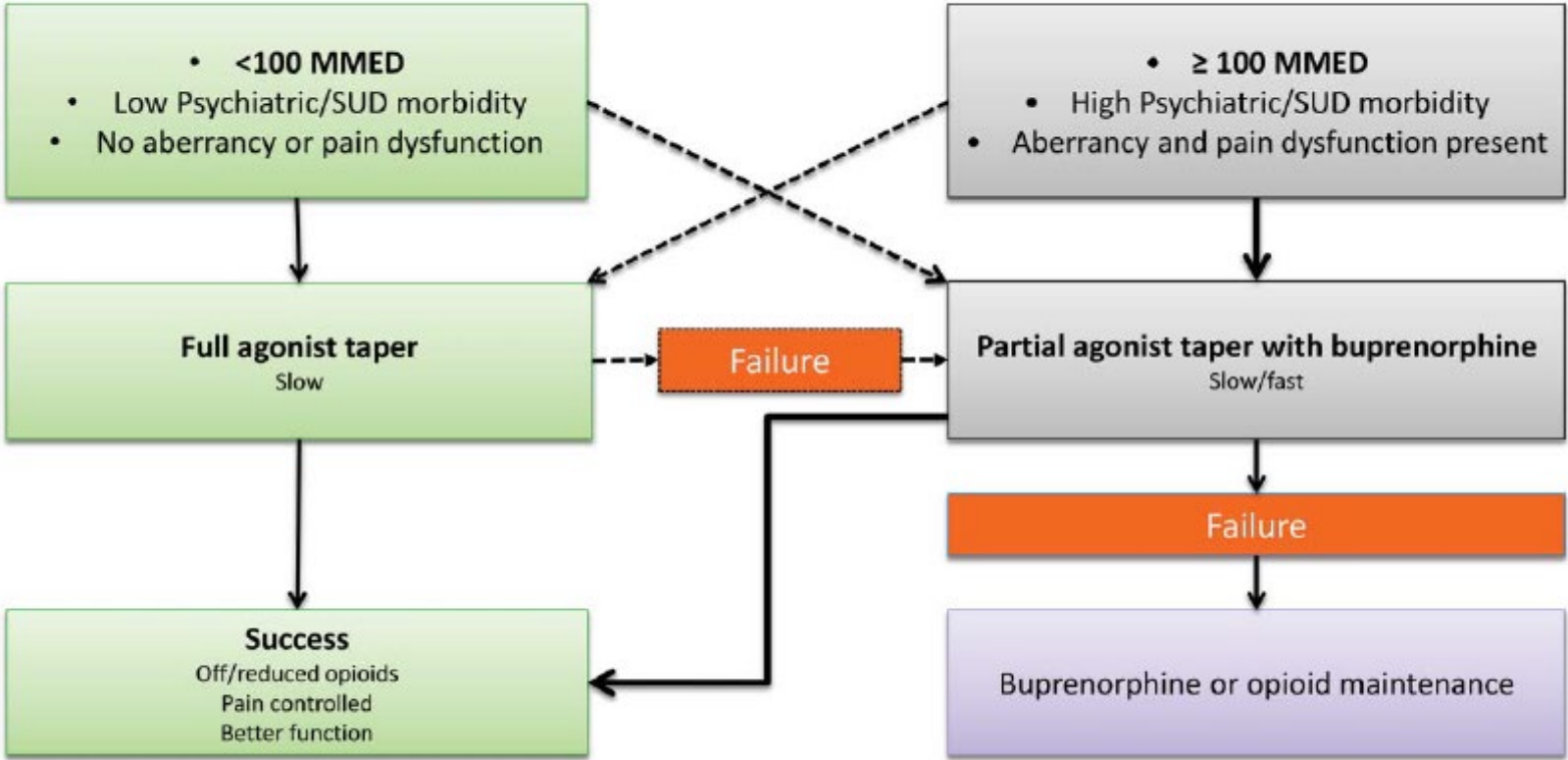
## **Rethinking Opioid Dose Tapering, Prescription Opioid Dependence, and Indications for Buprenorphine**

**Roger Chou, MD; Jane Ballantyne, MD; and Anna Lembke, MD**

“Recognizing prescription opioid dependence as a potential comorbid condition and expanding use of buprenorphine could save lives, improve quality of life, and reduce incidence of nonlethal unintentional overdose.”

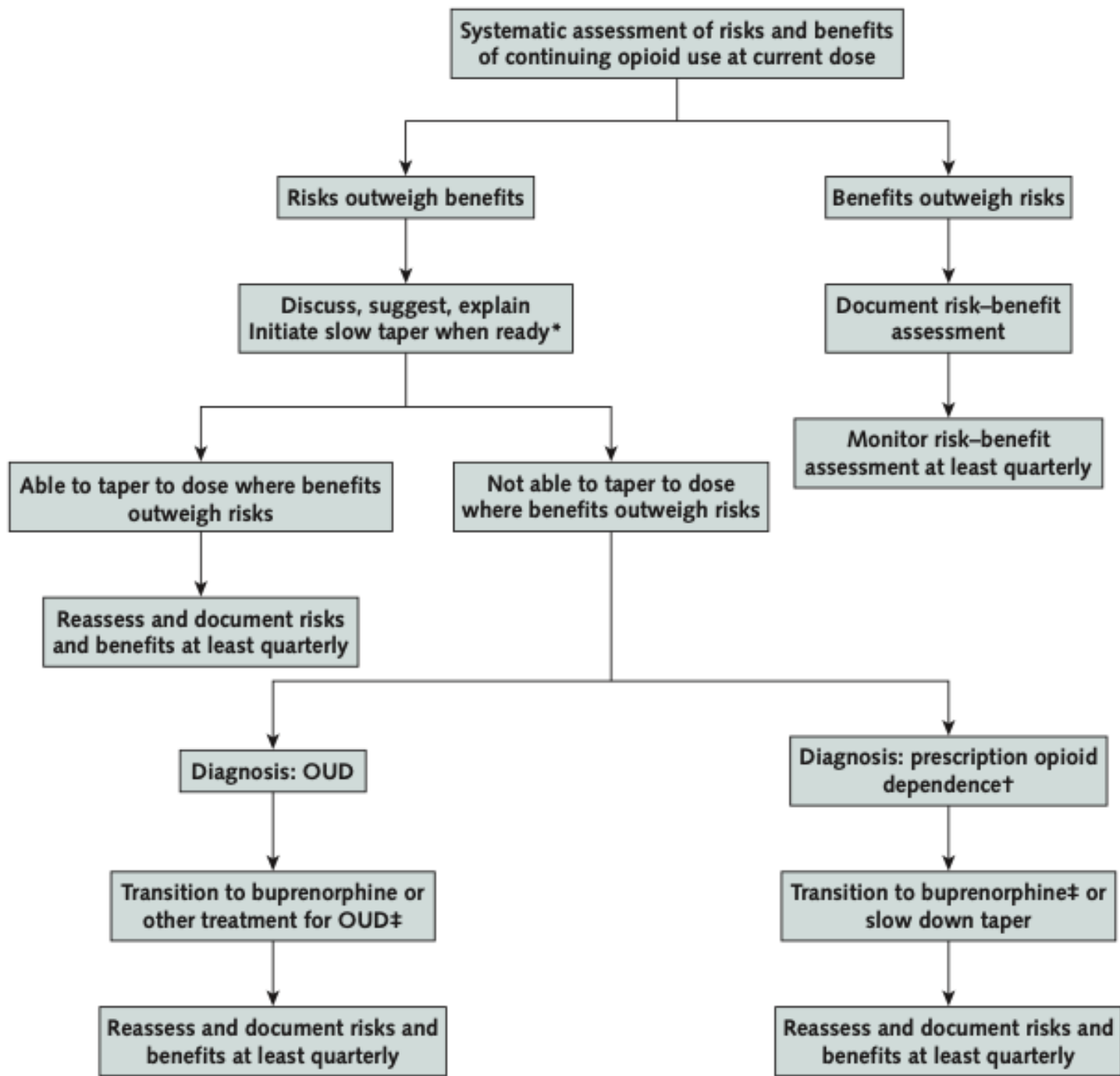


# Opioid risk/benefit unfavorable



MMED: Milligram morphine equivalent daily; SUD: Substance use disorders





Issue	Recommended Length of Taper	Degree of Shared Decision Making about Opioid Taper	Intervention/Setting
Substance Use Disorder	Generally no taper, transition to MAT (some pts can be tapered)	None – provider choice alone	<u>Intervention:</u> Detoxification with medication assisted treatment (buprenorphine or methadone), Naloxone rescue kit <u>Setting:</u> Inpatient or Outpatient Buprenorphine (OBOT)
Diversion	No taper	None – provider choice alone	Determine need based on actual use of opioids, if any
At risk for immediate harms	Weeks to months (fast)	Moderate – provider led & patient views sought	<u>Intervention:</u> Supportive care Naloxone rescue kit <u>Setting:</u> Outpatient opioid taper
Therapeutic failure	Months (slow)	Moderate – provider led & patient views sought	<u>Intervention:</u> Supportive care Naloxone rescue kit <u>Setting:</u> Outpatient opioid taper <u>Option:</u> Buprenorphine (OBOT)
At risk for future harms	Months to Years (slow)	Moderate – provider led & patient views sought	<u>Intervention:</u> Supportive care Naloxone rescue kit <u>Setting:</u> Outpatient opioid taper <u>Option:</u> Buprenorphine (OBOT)

# Thank You!

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