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

EUPHORIA

ANALGESIA

PAIN RELIEF

NORMAL

PAIN

DYSPHORIA

WORSE PAIN

HYPERALGESIA

Ballantyne et al, Arch Int Med 2012;172:1342
DSM-V Criteria for Opioid Use Disorder

11 total criteria:

- Unable to fulfill role obligations
- Social or interpersonal problems due to use
- Hazardous use
- Taken in larger amounts or over longer period
- Unsuccessful efforts to cut down or control
- Great deal of time spent to obtain substance
- Important activities given up or reduced
- Continued use despite harm
- Craving
- Tolerance*
- Withdrawal/physical dependence*

2 - 3: mild disorder
4 - 5: moderate disorder
6+: severe disorder
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

Hakkinen et al., 2012
Walsh et al., 1994
Buprenorphine Conversions

<table>
<thead>
<tr>
<th>Morphine</th>
<th>Methadone</th>
<th>Buprenorphine</th>
</tr>
</thead>
<tbody>
<tr>
<td>250 mg</td>
<td>30 mg</td>
<td>8 mg</td>
</tr>
<tr>
<td>500 mg</td>
<td>40 mg</td>
<td>8-16 mg</td>
</tr>
<tr>
<td>750 mg</td>
<td>60 mg</td>
<td>8-24 mg</td>
</tr>
<tr>
<td>1000 mg</td>
<td>80 mg</td>
<td>8-32 mg</td>
</tr>
</tbody>
</table>
“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

- **<100 MMED**
  - Low Psychiatric/SUD morbidity
  - No aberrancy or pain dysfunction

- **≥ 100 MMED**
  - High Psychiatric/SUD morbidity
  - Aberrancy and pain dysfunction present

**Full agonist taper**
- Slow

**Partial agonist taper with buprenorphine**
- Slow/fast

- **Success**
  - Off/reduced opioids
  - Pain controlled
  - Better function

- **Failure**

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

Manhapra et al, Substance Abuse, 2018
Systematic assessment of risks and benefits of continuing opioid use at current dose

Risks outweigh benefits
- Discuss, suggest, explain
- Initiate slow taper when ready*

Benefits outweigh risks
- Document risk–benefit assessment

Able to taper to dose where benefits outweigh risks
- Reassess and document risks and benefits at least quarterly
  - Diagnosis: OUD
    - Transition to buprenorphine or other treatment for OUD‡
      - Reassess and document risks and benefits at least quarterly

Not able to taper to dose where benefits outweigh risks
- Monitor risk–benefit assessment at least quarterly
  - Diagnosis: prescription opioid dependence†
    - Transition to buprenorphine‡ or slow down taper
      - Reassess and document risks and benefits at least quarterly
<table>
<thead>
<tr>
<th>Issue</th>
<th>Recommended Length of Taper</th>
<th>Degree of Shared Decision Making about Opioid Taper</th>
<th>Intervention/Setting</th>
</tr>
</thead>
</table>
| Substance Use Disorder    | Generally no taper, transition to MAT (some pts can be tapered)                           | None – provider choice alone                        | Intervention: Detoxification with medication assisted treatment (buprenorphine or methadone), Naloxone rescue kit  
Setting: 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       | Intervention: Supportive care Naloxone rescue kit  
Setting: Outpatient opioid taper                                                      |
| Therapeutic failure       | Months (slow)                                                                             | Moderate – provider led & patient views sought       | Intervention: Supportive care Naloxone rescue kit  
Setting: Outpatient opioid taper  
Option: Buprenorphine (OBOT)                                                          |
| At risk for future harms  | Months to Years (slow)                                                                    | Moderate – provider led & patient views sought       | Intervention: Supportive care Naloxone rescue kit  
Setting: Outpatient opioid taper  
Option: Buprenorphine (OBOT)                                                          |
Thank You!

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