

BUPRENORPHINE FOR THE TREATMENT OF OPIOID DEPENDENCE IN PRIMARY CARE

Dr. Matthew Barber,
Lawrence Hill Health Centre

Pete Ursell,
Senior Practitioner in Shared
Care, Bristol Drugs Project

What is buprenorphine?

- Partial antagonist
- Synthetic opioid
- Precipitated withdrawal
- Safety profile, low abuse potential, clinical flexibility
- Formulation- 0.4mg, 2mg, 4mg sub-lingual tablets
- Most suitable for patients on heroin or less than 30mg of methadone

Advantages of Buprenorphine

- Less dangerous in overdose
- With doses of 8mg and above the effects of other opioid 'on top use' is markedly reduced
- Useful in maintenance and detoxification
- Clearer head whilst on medication, less 'clouding' effect

Disadvantages of Buprenorphine

- Highly soluble leading to potential for injection
- Precipitated withdrawal if used incorrectly
- Less opiate-like effect
- Expensive
- May be less effective at retaining people in treatment
- Greater potential for liver damage

How to start it

- Dose induction in similar way to methadone but much more rapid
- Take a urine sample for drug screen and LFTs if possible
- Wait for first signs of withdrawal to avoid precipitated withdrawal
- Start at 4mg a day and increase by between 2mg and 8mg daily until stabilised to a maximum of 32mg per day

Titration from Heroin

- Start with 4mg in the evening if possible.
- The next morning take 4mg x4 spread out over the day. This should avoid precipitated withdrawal
- Script usually given unsupervised for first 2 days
- Review on third day for further upwards titration or stable script on FP10CD

Titration from Methadone

- Ideally start at 30ml of methadone
- Leave at least 24hrs since last dose of methadone and wait for signs of withdrawal
- Titrate quickly up to 16-24mg daily
- Once stable dose is reached it should be given as a single daily dose on an FP10CD

Approximate conversion rates

20ml methadone = 6-8mg buprenorphine

30ml methadone = 8-12mg buprenorphine

40ml methadone = 8-16mg buprenorphine

50ml methadone = 16-24mg buprenorphine
or higher if needed

In summary

- USEFUL ALTERNATIVE TO METHADONE
- WIDENS CHOICE FOR OPIATE USERS
- NOT APPROPRIATE IF PATIENT IS STABLE AND DOING WELL ON METHADONE
- MAY BE CONSIDERED AS FIRST CHOICE FOR THOSE WISHING TO BE OPIATE FREE