

Welcome to Virtual Colorado MAT Forum

- *As you join you will be muted*
- *Please unmute yourself by clicking on the microphone icon for asking questions and participation in discussions.*
- *You may also put your questions and comments in the Chat box.*
- *We encourage active participation!*

Monthly Webinars

- ***Virtual CO MAT Learning Forum***

1st Thursday 12:30pm-1:30pm

- ***Induction Basics: Tips from the Trenches****

2nd Tuesday 7:30am-8:30am

* *same topic each month*

- ***Denver Health Addiction Learning Collaborative***

3rd Wednesday 12:15pm-1:15pm

Denver Health Addiction Journal Club

- ***Scheduled dates for 2020***
 - *Every fourth Tuesday January-October*
 - *November 10th*
 - *December 8th*
- **Time; noon to 1 pm**
- To join; email ITMATTTRs2@UCDENVER.EDU
 - See our website for previous presentations & resources as well as upcoming topics
 - <https://www.practiceinnovationco.org/itmatttrs2/mat-forum/>

Webinars

- See our website for previous presentations & resources as well as upcoming topics
- <https://www.practiceinnovationco.org/opioids/mat-forum/>

2020 Addiction Medicine Symposium

- **Wednesday, October 21: Virtual Addiction Medicine Symposium 8:30 a.m. to 4 p.m.**
- This year the Consortium is partnering with the Colorado Society of Addiction Medicine to host the 3rd annual provider education symposium. Join healthcare providers from across Colorado as we explore the convergence of substance use disorder and current affairs affecting our nation. Local and national experts will discuss racial inequality as it relates to healthcare, the impacts COVID-19 has had on substance use disorder, including self-care for front line workers, the current methamphetamine and fentanyl epidemics, and reproductive health considerations for women with substance use disorder.
- Please register for this Zoom webinar [here](#)
- For more information, please contact info@corxconsortium.org

"Discontinuation (Successful Termination) of MAT - Relapse Prevention/Management & Recovery"

NORTHERN COLORADO MAT LEARNING FORUM

Jeremy Dubin DO, FASAM / Front Range Clinic – Medical Director

Donna Goldstrom, LAC / Front Range Clinic – Clinical Director

October 2, 2020

To Taper or not to Taper?

- What needs to happen for someone who decides to discontinue buprenorphine to have a reasonable chance of sustaining recovery from opioid use disorder?
- How long does someone with opioid use disorder need to stay on buprenorphine?
 - “Long enough for what?.....”

To Taper or not to Taper?

- Summary of Evidence - **“the longer the treatment the better”**
 - A retrospective national longitudinal cohort analysis of 9,000 adult Medicaid patients with opioid use disorder who had filled buprenorphine prescriptions for a minimum of 6 consecutive months before discontinuing refills.
 - The aim - To examine how the duration of a stabilization period of buprenorphine treatment (i.e., continuous treatment for a minimum of 6 months) is related to health outcomes during a 6-month period following buprenorphine discontinuation.
 - **“The 15- to 18-month cohort was significantly less likely to be seen in an emergency department, to be hospitalized, or to receive a prescription for an opioid analgesic**
 - **“All cohorts had high rates of emergency department visits following discontinuation ”**
 - Congruent with data from the United Kingdom - **“Patients with opioid use disorder who had taken buprenorphine for at least 2 years had better chances of successful discontinuation than did those who had a shorter treatment history”**
 - Eastwood B, Strang J, Marsden J: Effectiveness of treatment for opioid use disorder: a national, five-year, prospective, observational study in England. Drug Alcohol Depend 2017; 176:139–147; Williams AR, Samples H, Crystal S, et al.: Acute care, prescription opioid use, and overdose following discontinuation of long-term buprenorphine treatment for opioid use disorder. Am J Psychiatry 2020; 177:117–124

To Taper or not to Taper?

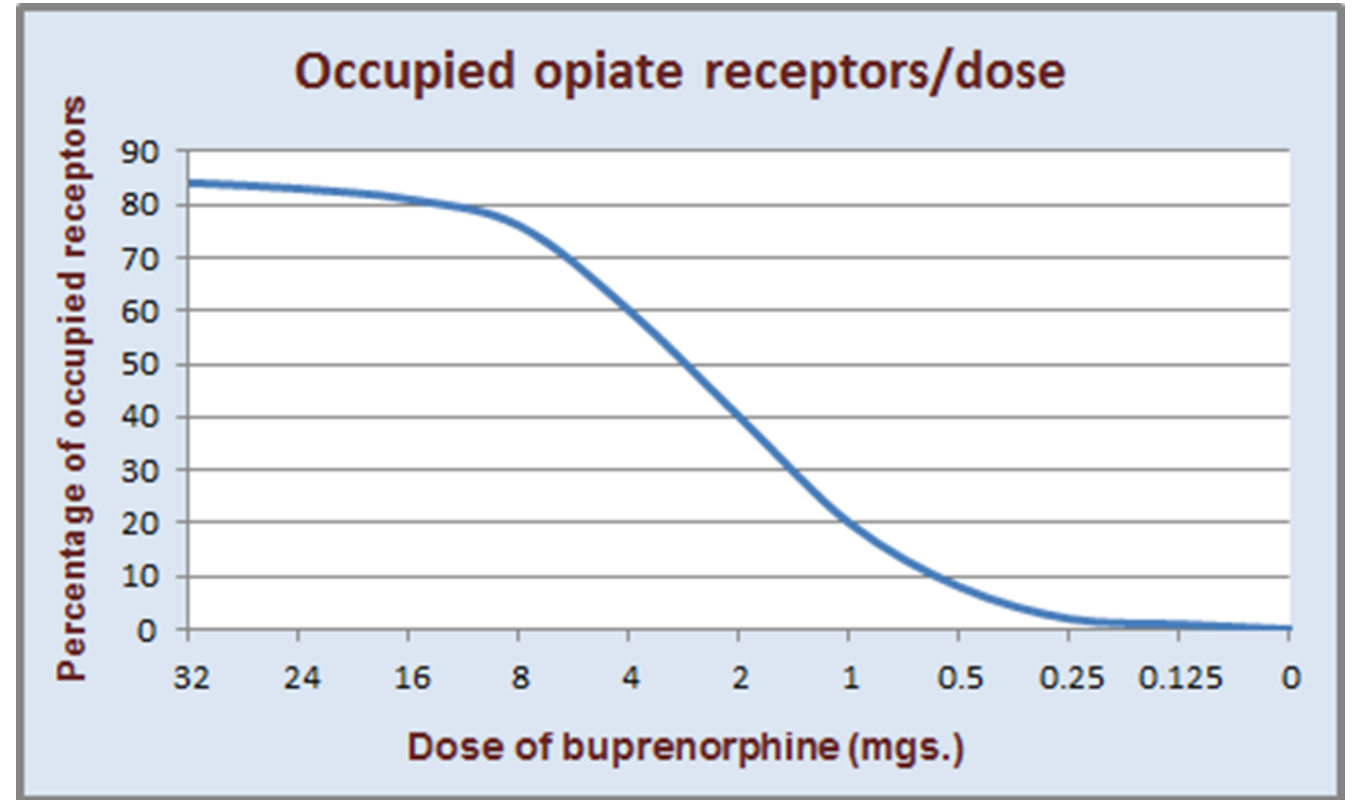
- **Addiction is a chronic relapsing brain disease**
- **It is unknown who is more genetically vulnerable vs environmentally vulnerable**
- **It is not a success to “get off” Buprenorphine**
 - MAT (Medications for Addiction Treatment) record
 - Recovery = functionality per ASAM (American Society of Addiction Medicine).....independent of using a medicine

“To taper or not to taper, that is the question.....”

- ‘Making the decision to decrease a replacement opioid, MTD or BUP, can be similar to the decision to getting someone off insulin.
- ‘When should I get off buprenorphine?....When I have a very good chance of not using illicit opioids anymore’

Discontinuing Buprenorphine / “jumping off”

- Many patients have been successful discontinuing buprenorphine at higher doses while some struggle at 0.05mg to get off without WD symptoms
 - this makes sense and has to do with the % of receptors that are still saturated at lower doses.
 - Everyone is different and each case should be handled individually if possible
 - Providing similar medicines that were supportive at induction are often helpful for the final discontinuing of bup – anti-emetics, alpha-1 hypotensives, NSAIDs, etc.



Tapering off Buprenorphine

- Time frame for getting off Buprenorphine should not be arbitrary and based on non-medical reasons if possible
- Everyone has a different course with tapering off long acting opioids, like buprenorphine
 - Some can do it faster than others
 - Be willing to stop a taper at any time, especially if patient is relapsing, and get them back to a stable dose
 - Be willing to plateau or mildly increase a dose to prevent W/D symptoms
 - If it is done too fast, the mu receptor rebound in some cases can seem a bit sluggish and prolonged.
- Persistent W/D states = inc risk of relapse, and should be avoided if possible

Common Protocols for Buprenorphine Taper

- Many different formulas and ways to do this, just like full agonist opioids
- If patient is stable at 4-24mg, consider 1-2 mg drop every 1-2 weeks with monitoring patient – subjectively and objectively (vitals, etc.)
- If patient is stable at or under 4 mg, consider a 0.5mg-1mg drop every 1-2 weeks
- Be willing to stay at a dose for 2-4 weeks to confirm stability
- Sometimes you may need to increase a bit and stabilize because you went to fast and symptoms are present > 10-14 days

Tapering off Buprenorphine

“instead of spending your time thinking about what dose to take today, stay busy with how do I keep improving ‘my future successful abstinence-based strategy’, and let us help you with your dosing schedule”

Discontinuing Buprenorphine / “jumping off”

- Keep an eye open for the potential co-occurring psych disorder flare
 - 4-6 weeks off Buprenorphine and psychiatric symptoms persist or worsen
 - Buprenorphine (agonism at the kappa receptor - antidepressant effects)?
 - Some patients will need to increase or augment their psychiatric treatment plan when getting off Buprenorphine, even if had been stable on regimen.

To Taper or not to Taper?

- Duration of buprenorphine treatment is only part of the story.
- The other part is what happened during the treatment period
 - “Recovery Capital”

Continuing Care Phase of Treatment

- Cognitive Behavioral Therapy
 - restructuring thinking patterns to focus on positive messages and strength building
- Mindfulness
 - using the breath to calm and train the brain for self soothing
- Education
 - information regarding how the medicine works so that an understanding of brain chemistry can validate experiences
- Relapse Prevention
 - skill building around specific triggers to gain awareness and improve behavior management

Questions?

Substance Use Warmline

Free and confidential consultation for clinicians from the Clinician Consultation Center at San Francisco General Hospital focusing on substance use in primary care.

855-300-3595

Weekdays, 7am-6pm MST


Weekend or after-hours callers receive a call back the next business day.

Examples of Support:

- Diagnosis of Opioid Use Disorder (OUD) and Alcohol Use Disorder (AUD).
- Starting or adjusting MAT for OUD and AUD.
- Managing withdrawal from substances.
- Dealing with co-occurring substance use and mental health issues.
- Substance abuse in special populations like pregnancy and teens.
- Approaches to people misusing stimulants.
- Managing patients living with substance use and chronic pain.

<https://nccc.ucsf.edu/clinician-consultation/substance-use-management/>



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Substance Use Management



Clinically supported advice on substance use management for healthcare providers

Peer-to-peer consultation from physicians, clinical pharmacists, and nurses with special expertise in substance use evaluation and management.

Submit a Case for Consultation

Send a CCC clinician your case online.

[SUBMIT](#)

Call for a Phone Consultation

(855) 300-3595
Monday – Friday, 9 a.m. – 8 p.m. ET

[CALL](#)

California-based clinicians, please visit our [California Substance Use Line](#).

Resources

- General information about buprenorphine treatment and the treatment of addiction are available through numerous sources, including but not limited to:
- SAMHSA website (<https://www.samhsa.gov/medication-assisted-treatment>)
- American Society of Addiction Medicine website (www.asam.org)
- American Academy of Addiction Psychiatry website (www.aaap.org)
- Colorado Consortium for Prescription Drug Abuse Prevention (<http://www.corxconsortium.org/>)