Addiction Psychiatry Guidelines for the Treatment of Opioid Dependence: A View from the United States

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American Psychiatric Association (APA) Guidelines

APA has long history of publishing treatment recommendations

Guidelines are patient care strategies to assist physicians in clinical decision making

Since 1991, APA committed resources to developing practice guidelines

American Psychiatric Association (APA) Guidelines

- APA Guidelines Committee supervises process
- Work group of clinical and research experts conduct a rigorous review of scientific literature
- Input obtained from numerous external organizations
- Final approval by APA Assembly and Board
- Revised at least every 5 years and updated as needed

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DSM-IV Diagnostic Criteria

Opiate use exists on a spectrum of use, misuse, abuse, and dependence.

Dependence is a pattern of opiate use leading to impairment or distress over a 12 month period with at least 3 of the following 7 items:

DSM-IV Dependence Criteria continued

1) Tolerance
2) Withdrawal
3) Taking more than intended
4) Persistent desire to control use
5) Spending a lot of time with it
6) Giving up important activities
7) Use despite recurrent problems

Settings for Opiate Dependence Treatment

Therapeutic Communities

Residential Rehabilitation Programs

Outpatient clinics and offices

Opioid Treatment Programs

Self-help (Narcotics Anonymous)

Settings for Opiate Dependence Treatment

Recommendations depend on the patient characteristics and preferences, costs, and available alternatives.

Preference for the least restrictive setting that is likely to be safe.

American Society of Addiction Medicine (ASMA) Patient Placement Criteria can be used to guide recommendations.

Psychosocial Treatment Approaches

Clinical Trials of psychosocial treatments were all conducted in conjunction with medications

Cognitive Behavioral Therapy

for patients with co-morbid depression

Contingency Management

Family Therapy

can assist with medication adherence

Approved Medications for Opiate Dependence Treatment

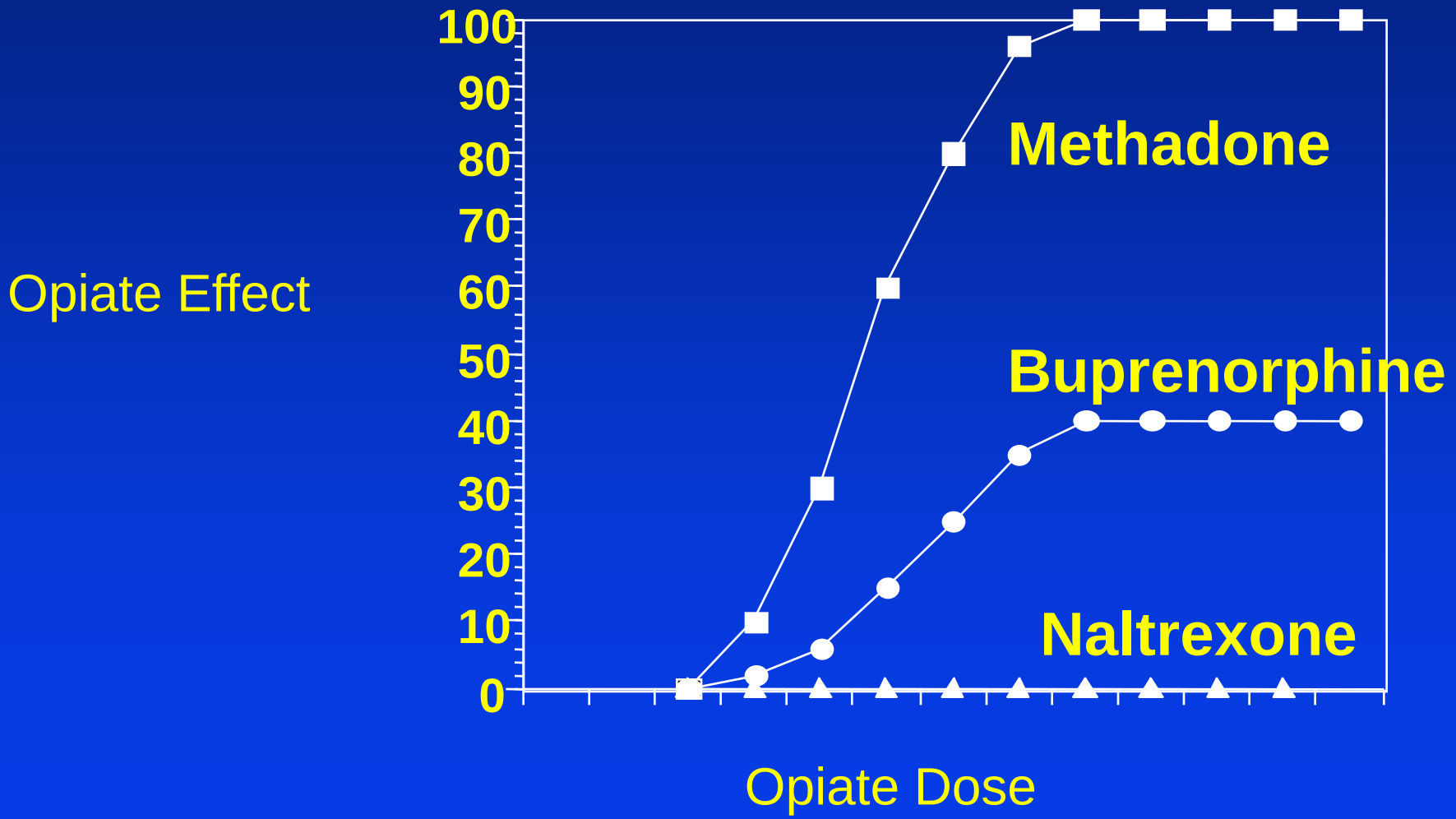
Methadone (oral)

Buprenorphine (sublingual)

Naltrexone (oral)

Extended Release Naltrexone (injection)

What is the difference between opiate agonists & antagonists?



Methadone and Buprenorphine

- Activate the opiate receptors
- Reduce heroin craving
- Alleviate withdrawal
- Block heroin’s euphoric effects

What is the difference between heroin addiction and opiate agonist treatment?

	Heroin Dependence	*Opiate Agonist Treatment*
Route	Injected	Oral or Sublingual
Onset	Immediate	Slow
Euphoria	Yes	No
Dose	Unknown	Known
Cost	High	Low
Duration	4 hours	24 hours
Legal	No	Yes
Lifestyle	Chaotic	Normal

Where are methadone & buprenorphine provided?

Opioid Treatment Programs (OTPs)

- Methadone (mostly) or buprenorphine
- Counseling & drug testing
- Direct observed therapy
  - Take home doses contingent on performance

Where are methadone & buprenorphine provided?

Outpatient Programs or Physician Offices

- Buprenorphine (not methadone)
  - Prescriptions with pharmacy pick-up
- Counseling & drug testing on-site or by referral

How are buprenorphine & methadone provided?

- Shorter-term: Detoxification
- Longer-term: Maintenance
- Length of time on medications should be individually determined by patient and physician

Is Detoxification Effective?

- Reduces withdrawal symptoms
- Helps some patients detoxify
- Most patients relapse quickly after detoxification
  - 29% success at 2 weeks post-detox (Ling et al, 2005)
- Relapse is association with increased risk of overdose death

Is Opiate Agonist Maintenance Treatment Effective?

Many studies show it is effective in reducing:

- Heroin use
- Criminal activity
- HIV risk behavior

What are the Characteristics of Effective Maintenance Treatment?

- Higher individualized doses
- Longer time in treatment

Buprenorphine/Naloxone vs. Buprenorphine Alone

Combination of buprenorphine with naloxone (Suboxone):

- Sublingual buprenorphine has well absorbed
- Addition of naloxone to buprenorphine to decreases its abuse potential (injection precipitates withdrawal)

Buprenorphine Alone (Subutex):

- Rare indications for use

Opioid Antagonist Treatment

Oral Naltrexone

- Highly effective pharmacologically
- Hampered by poor patient adherence
- Useful for highly motivated patients

Extended release Naltrexone (Injection)

- Effective for about 30 days
- Trial by Krupitsky and colleagues (2011) in Russia was used for US approval

Novel Studies in Baltimore of Opiate Treatments

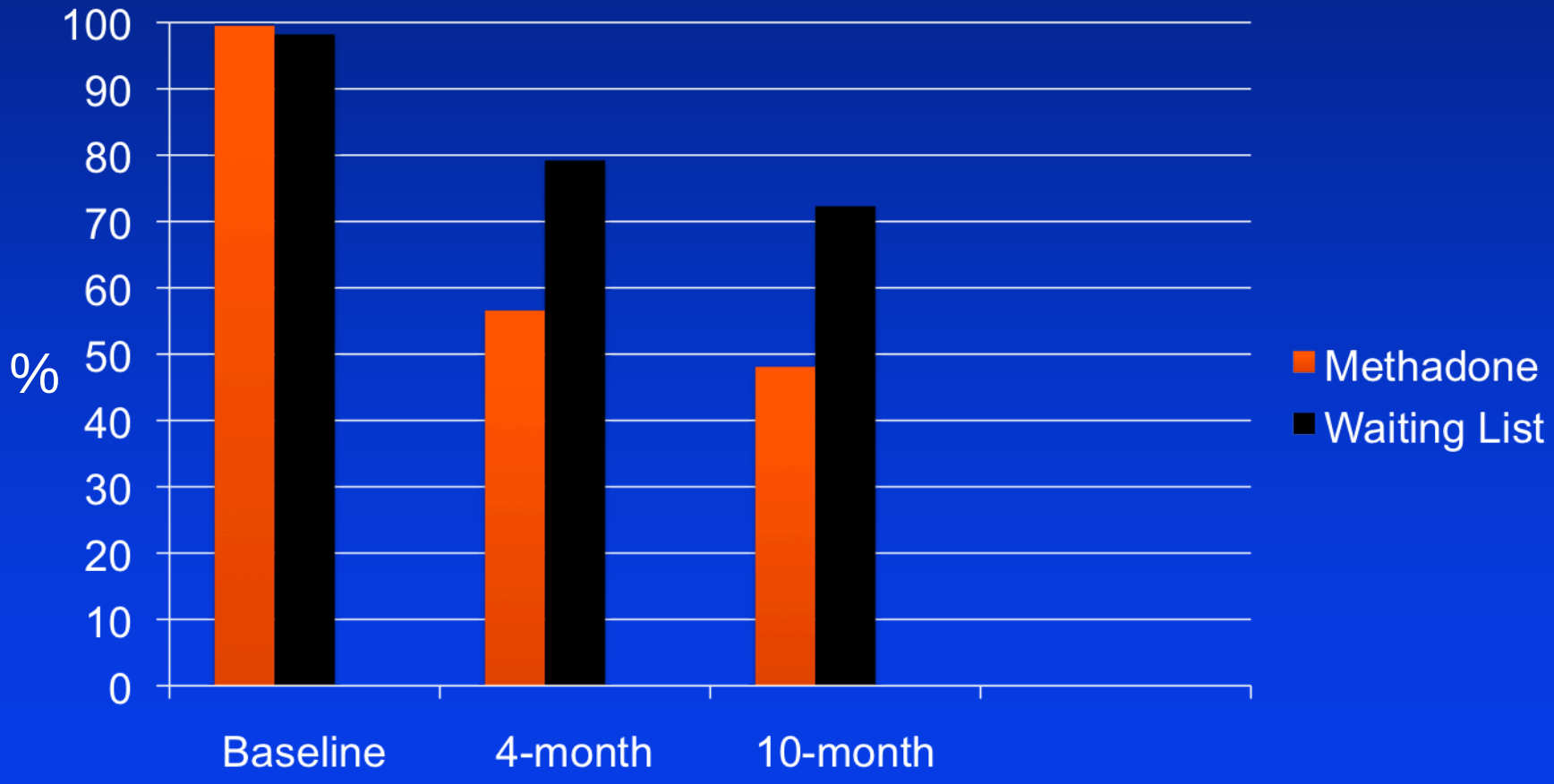
- Baltimore is a city of 450,000 residents

  estimated 10% are drug dependent

- High overdose death and HIV infection rate

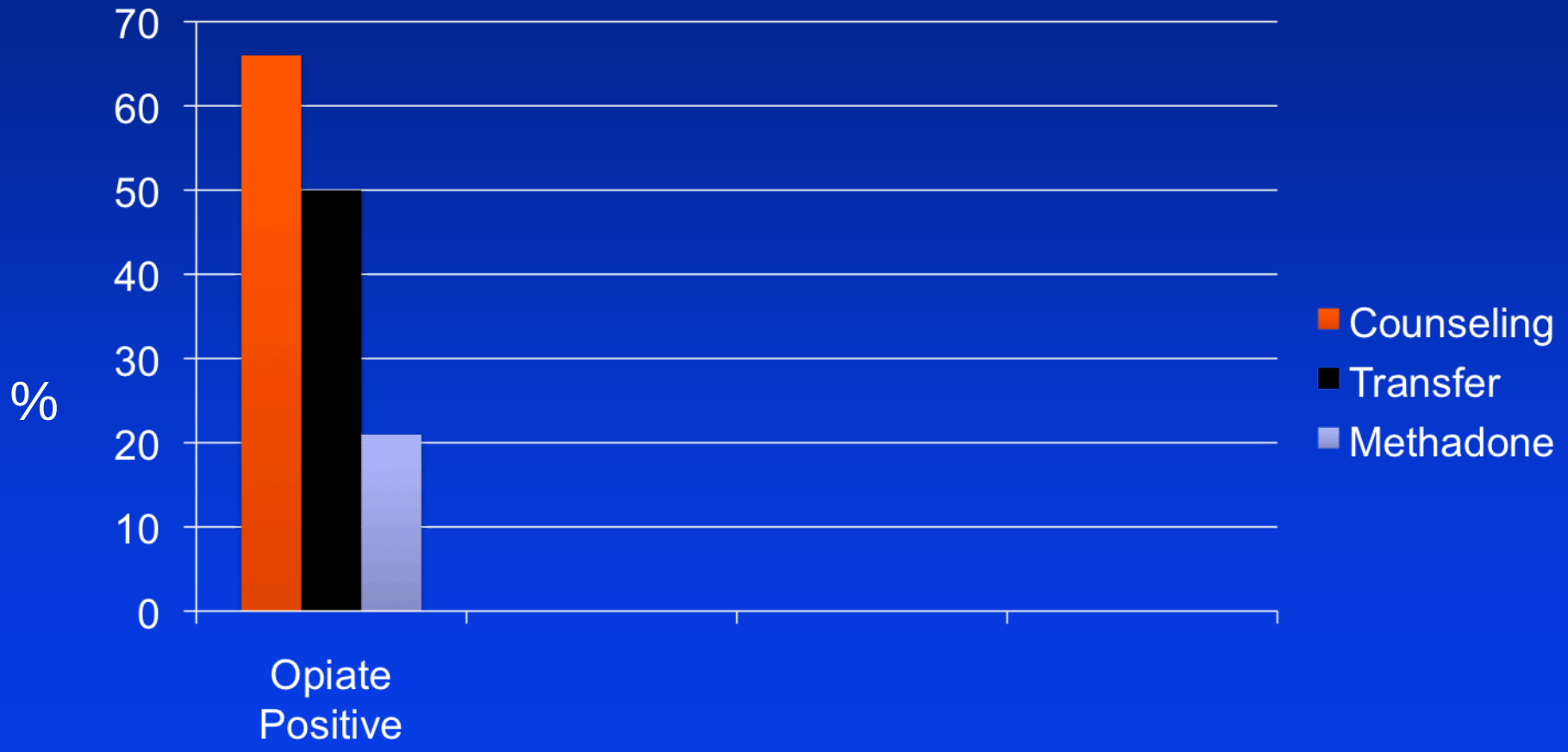
- We conducted two randomized trials of treatments building on guidelines with potential for scaling up for public health impact

Methadone Alone vs. Waiting List (*N* = 319)
Percent Opiate Positive Drug Tests



(Schwartz et al., 2006; 2007)

Pre-Prison Release Methadone Clinical Trial
Opiate Positive Rates at 12-Month Follow-Up



Kinlock et al., 2009

Summary

APA guidelines are a useful tools for clinicians and policy makers

They can be built upon by clinical researchers to find ways to apply evidence-based treatments which have the potential to be brought to scale for public health impact