

Overlapping buprenorphine therapy could help patients reduce opioid use without significant withdrawal symptoms

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Researchers from Yale School of Medicine have observed that overlapping buprenorphine therapy with long-term opioid therapy may



help to avoid significant symptoms of opioid withdrawal in outpatients without opioid use disorder. A case series report is published in *Annals of Internal Medicine*.

Buprenorphine is a well-established treatment of <u>opioid use disorder</u> and is now being prescribed for patients who need to reduce <u>opioid</u> use but may not meet the <u>diagnostic criteria</u> for an opioid disorder. However, guidelines from the U.S. Department of Health and Human Services recommend cessation of full agonist opioids before buprenorphine therapy can be initiated, which induces significant enough withdrawal symptoms that patients may be unwilling to try it.

Clinicians at Yale School of Medicine developed a novel approach to initiating buprenorphine therapy that proved effective for patients at their clinic without inducing significant withdrawal symptoms. They first tried the protocol on a 62-year-old man whose regimen of controlledrelease oxycodone was ineffective for his back pain and impaired his mental acuity. Attempts to lower the dose were unsuccessful because he had significant insomnia. The clinicians designed a protocol where buprenorphine was overlapped with the patient's opioid therapy for 4 to 5 days. The patient continued his therapy at home and on day 5 of the protocol, the patient did not report opioid withdrawal symptoms. On day 7, he noted night sweats and mild anxiety, prompting an increase in the buprenorphine dose. At 1 month, he reported feeling "overall better, clearer" with unchanged pain intensity but improved work performance. The experience was successful enough for the clinicians to consider this protocol for all patients referred to their clinic. They report that to date, all <u>patients</u> opting for this method have done so successfully, without opioid withdrawal symptoms.

More information: *Annals of Internal Medicine* (2020). <u>http://annals.org/aim/article/doi/10.7326/L19-0725</u>



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