

## **Module IV**

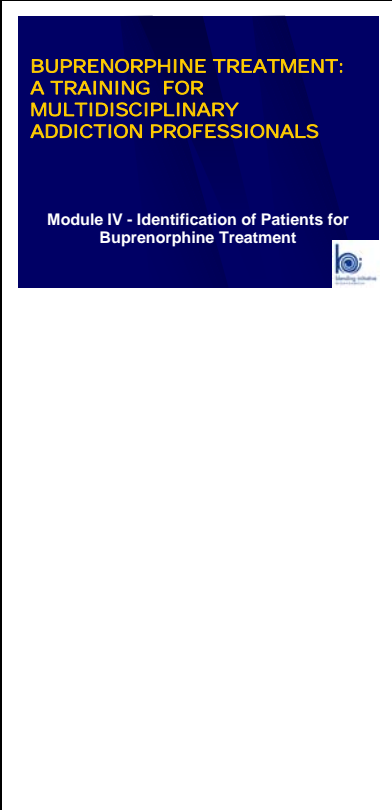

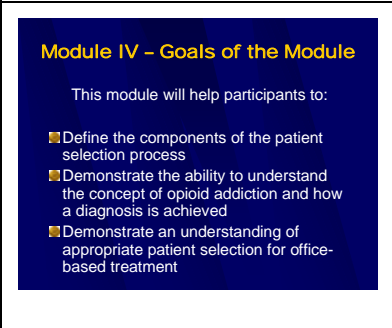
# **Identification of Patients for Buprenorphine Treatment**



## Module IV: Identification of Patients for Buprenorphine Treatment

### Overall Notes:

Be sure to keep people on task – this is the one module where attendees may feel compelled to go beyond the scope of their training/experience, or may start to ask a lot of questions related to the medical aspects of buprenorphine treatment. Remind them of the objectives of this course and proceed with the content of Module IV.

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|  <p><b>BUPRENORPHINE TREATMENT:<br/>A TRAINING FOR<br/>MULTIDISCIPLINARY<br/>ADDICTION PROFESSIONALS</b></p> <p>Module IV - Identification of Patients for<br/>Buprenorphine Treatment</p>   | <p><b>Slide 1: Title Slide</b></p> <p>Conducting assessments of patients for their suitability for this medication and for the most suitable location for treatment (office-based vs. OTP-based) is a critical process. Multidisciplinary addiction professionals should have a good understanding of the essential components of this process. This module will explore the issue of selecting appropriate patients for buprenorphine treatment.</p> <p>Although the physician will most likely be the individual to determine suitability for buprenorphine treatment, multidisciplinary addiction professionals should be knowledgeable about patient selection and suitability issues for the following reasons:</p> <ul style="list-style-type: none"><li>• The patient’s appropriateness for treatment may change during the course of buprenorphine treatment;</li><li>• Potential patients or other treatment providers may ask the counselor about appropriateness for treatment; and</li><li>• Useful and informed communication with the physician is enhanced by a complete knowledge of the entire treatment process.</li></ul> |
|  <p><b>Module IV – Goals of the Module</b></p> <p>This module will help participants to:</p> <ul style="list-style-type: none"><li>■ Define the components of the patient selection process</li><li>■ Demonstrate the ability to understand the concept of opioid addiction and how a diagnosis is achieved</li><li>■ Demonstrate an understanding of appropriate patient selection for office-based treatment</li></ul> | <p><b>Slide 2: Module IV – Goals of the Module</b></p> <p><i>State the goals of the module:</i></p> <ul style="list-style-type: none"><li>• Define the components of the patient selection process.</li><li>• Demonstrate the ability to understand the concept of opioid addiction and how a diagnosis is achieved</li><li>• Demonstrate an understanding of appropriate patient selection for office-based treatment.</li></ul>  |

**Module IV – Goals of the Module, Continued**

This module will help participants to:

- List circumstances where someone may not meet full criteria for opioid addiction and yet still be appropriate for office-based treatment
- Describe the medical contraindications for buprenorphine treatment
- Understand the perspectives of patients who are receiving buprenorphine treatment

**Slide 3: Module IV – Goals of the Module, Continued**

*State the goals of the module:*

- List circumstances where someone may not meet full criteria for opioid addiction and yet still be appropriate for office-based treatment
- Describe the medical contraindications for buprenorphine treatment.
- Discuss the case studies presented in the CD-ROM entitled, “Put Your Smack Down! A Video About Buprenorphine.”

**Where Are Opioid-Addicted Patients Seen?**

- Pain clinics
- Doctors' offices
- Psychiatric clinics
- Outpatient treatment centers
- Residential treatment programs
- Methadone clinics
- Health care clinics
- Infectious disease clinics
- Courts
- Etc.

**Slide 4: Where Are Opioid-Addicted Patients Seen?**

*Read the list aloud, or have a trainee(s) volunteer to read the settings aloud. Ask trainees to identify other settings in which opioid users may be encountered.*

Other settings may include: emergency rooms, schools/colleges, church/faith-based organizations, workplace/corporate world (EAP), and insurance companies.

**Who is Appropriate for Buprenorphine Treatment?**

**Transition**

**Slide 5: Who is Appropriate for Buprenorphine Treatment?**

The following set of slides will review assessment questions, situations in which multidisciplinary addiction professionals should consult with the treating physician, and additional issues relating to patient selection.

**Patient Selection:  
Assessment Questions**

- Is the patient addicted to opioids?
- Is the patient aware of other available treatment options?
- Does the patient understand the risks, benefits, and limitations of buprenorphine treatment?
- Is the patient expected to be reasonably compliant?
- Is the patient expected to follow safety procedures?

**Slide 6: Patient Selection: Assessment Questions**

The patient selection process includes determining if the patient is addicted to opioids, if buprenorphine is the optimal medication for the patient, and if an office or a clinic is the optimal site for treatment. Once a thorough assessment is conducted, the physician can determine if addiction to opioids is present using the DSM-IV criteria mentioned earlier. Treatment success is enhanced by good patient assessment and selection.

Ten simple criteria can help to guide patient assessments of appropriateness of office-based buprenorphine treatment.

*Read criteria aloud and discuss as follows:*

**Patient Selection:  
Assessment Questions**

- Is the patient addicted to opioids?
- Is the patient aware of other available treatment options?
- Does the patient understand the risks, benefits, and limitations of buprenorphine treatment?
- Is the patient expected to be reasonably compliant?
- Is the patient expected to follow safety procedures?


**Slide 6 notes, continued**

Bullet #1: Treatment with buprenorphine will generally be conducted with individual who meet criteria for opioid addiction. However, an individual physician may consider a patient for buprenorphine treatment with problematic opioid use that has not progressed to addiction. An example of this might be if, in the physician's clinical judgment, the patient has a high risk of progression to addiction or is injecting opioids. Additional candidates include patients with a history of good response to buprenorphine who have had their medication discontinued (perhaps due to incarceration) and are now at risk of relapse (released from prison).

Bullet #2: Even if a patient is addicted to opioids and a suitable candidate for buprenorphine treatment, he/she may not be best treated in an office setting. Co-occurring disorders (other substance use disorders, psychiatric disorders, or medical conditions) may lead to the decision to not treat the individual in an office-based setting, since that office cannot provide the other needed services. For example, a physician's office may not be able to provide psychotherapy needed by a patient with a severe personality disorder or the monitoring needed for a patient with AIDS.

Bullet #3: The patient needs to be conscious/aware of what buprenorphine **WILL** and **WILL NOT** do. Are there indications to suggest that the patient is reliable (i.e., steady employment, showing up on time for appointments, taking other medications as prescribed)?

Bullet #4: Is the person able to manage the medication appropriately (for instance keep it away from children) and take it as prescribed?

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| <p><b>Patient Selection: Assessment Questions</b></p> <ul style="list-style-type: none"> <li>■ Is the patient psychiatrically stable?</li> <li>■ Is the patient taking other medications that may interact with buprenorphine?</li> <li>■ Are the psychosocial circumstances of the patient stable and supportive?</li> <li>■ Is the patient interested in office-based buprenorphine treatment?</li> <li>■ Are there resources available in the office to provide appropriate treatment?</li> </ul>   | <p><b>Slide 7: Patient Selection: Assessment Questions</b><br/> <i>Read the remaining criteria aloud.</i></p> <p>Bullet #1: Do they need to be stabilized first? Do they need treatment for co-occurring disorders?</p> <p>Bullet #2: Other medications may include naltrexone, benzodiazepines, or other sedative hypnotics.</p> <p>Bullet #5: If resources are not available in the physician's office, attempts should be made to work in cooperation with a local substance abuse treatment program.</p>  |
| <p><b>Patient Selection: Issues Involving Consultation with the Physician</b></p> <p>Several factors may indicate a patient is less likely to be an appropriate candidate, including:</p> <ul style="list-style-type: none"> <li>■ Patients taking high doses of benzodiazepines, alcohol or other central nervous system depressants</li> <li>■ Significant psychiatric co-morbidity</li> <li>■ Multiple previous opioid addiction treatment episodes with frequent relapse during those episodes (may also indicate a perfect candidate)</li> <li>■ Nonresponse or poor response to buprenorphine treatment in the past</li> </ul> | <p><b>Slide 8: Patient Selection: Issues Involving Consultation with the Physician</b></p> <p>The multidisciplinary addiction professional should be aware of the following factors and inform the physician of any changes or arising information.</p> <p><i>Read factors aloud.</i></p> <p>Bullet #1: The use of benzodiazepines in combination with buprenorphine (especially if injected in an overdose attempt) may result in death. Since alcohol is a sedative-hypnotic, patients should be cautioned to avoid alcohol while taking buprenorphine.</p> |
| <p><b>Patient Selection: Issues Involving Consultation with the Physician</b></p> <p>Several factors may indicate a patient is less likely to be an appropriate candidate, including:</p> <ul style="list-style-type: none"> <li>■ Active or chronic suicidal or homicidal ideation or attempts</li> <li>■ Patient needs that cannot be addressed with existing office-based resources or through appropriate referrals</li> <li>■ High risk for relapse to opioid use</li> <li>■ Poor social support system</li> </ul>  | <p><b>Slide 9: Patient Selection: Issues Involving Consultation with the Physician</b></p> <p><i>Read factors aloud.</i></p> <p>Bullet #3: For example, living in a place where others are consuming heroin or other opioids.</p>   |
| <p><b>Patient Selection: Issues Involving Consultation with the Physician</b></p> <p><b>Pregnancy</b></p> <ul style="list-style-type: none"> <li>■ Currently buprenorphine is a Category C medication. This means it is not approved for use during pregnancy.</li> <li>■ Studies conducted to date suggest that buprenorphine may be an excellent option for pregnant women.</li> <li>■ Randomized trials are underway to determine the safety and effectiveness of using buprenorphine during pregnancy.</li> </ul>                             | <p><b>Slide 10: Patient Selection: Issues Involving Consultation with the Physician</b></p> <p><u>Pregnancy</u></p> <p>There is no evidence of any harmful effects of buprenorphine relative to pregnancy, but in the absence of controlled clinical trials, risk cannot be ruled out. Clinical trials are underway to determine safety, but in the meantime, methadone is the treatment of choice for pregnant women.</p>  |

### Patient Selection: Issues Involving Consultation with the Physician

■ Patients with these conditions must be evaluated by a physician for appropriateness prior to buprenorphine treatment.

- Seizures
- HIV and STDs
- Hepatitis and impaired hepatic function
- Use of alcohol, sedative-hypnotics, and stimulants
- Other drugs

## Slide 11: Patient Selection: Issues Involving Consultation with the Physician

In all cases, consult with the physician who will make medical decisions as to how to treat these individuals.

### Seizures

Seizures can occur with some opioids. This has not been seen with buprenorphine, but careful evaluation should be made.

### HIV, HCV, and STDs

Of particular concern for opioid-addicted patients are issues regarding HIV/AIDS and hepatitis C virus (HCV). Multidisciplinary addiction professionals should ask patients about their HIV and HCV status, and when they were last tested. If patients have not been tested recently, they should be referred to a physician or given information on how to locate a testing site. If patients are positive for HIV or HCV, the addiction professional should ask about the medications they are taking and encourage medication compliance. The professional should communicate any new information to the physician regarding the patient's medications in order to monitor potential medication interactions with buprenorphine.

Many clinicians believe that professionals should be flexible and willing to accept less-than-ideal performance in treatment rather than discharging patients from treatment. It may be necessary to weigh the public health consequences as well as the consequences to the individual patient when considering termination.

### Use of alcohol, sedative-hypnotics, and stimulants

As was previously mentioned, the combination of other drugs should be carefully evaluated, especially given the fact that reported overdoses have been related to a combination of CNS depressants and buprenorphine.

### Other drugs

Buprenorphine is a treatment for opioid addiction, not other substance use disorders. Patients who abuse more than one substance present unique problems. Addiction to other drugs (such as stimulants or sedatives) is common among opioid-addicted individuals and may interfere with overall treatment adherence. Patients should be encouraged to abstain from the use of all non-prescribed drugs while receiving buprenorphine treatment. However, although a predictor of poor adherence, use of other drugs IS NOT an absolute contraindication to buprenorphine treatment. They may just need to be referred for further or more intensive treatment.

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| <p><b>Patient Selection:<br/>Additional Details</b></p> <ul style="list-style-type: none"> <li>■ Suitability determined by a physician</li> <li>■ What is the relevance to counselors? <ul style="list-style-type: none"> <li>● Patient's appropriateness may change during treatment</li> <li>● Potential patients or other providers may inquire about treatment</li> <li>● More useful and informed communication with physician</li> </ul> </li> </ul> | <p><b>Slide 12: Patient Selection: Additional Details</b></p> <p>The multidisciplinary addiction professional can have a lot of impact on or influence over the physician's decision regarding patient suitability – even though the addiction professional is not personally responsible for determining suitability.</p>   |
| <p><b>Patient Selection:</b></p> <ul style="list-style-type: none"> <li>■ Patients who do not meet criteria for opioid addiction may still be appropriate for treatment with buprenorphine <ul style="list-style-type: none"> <li>● Patients who are risk of progression to addiction or who are injecting</li> <li>● Patients who have had their medication discontinued and who are now at high risk for relapse</li> </ul> </li> </ul>                  | <p><b>Slide 13: Patient Selection</b></p> <p>There are instances in which patients do not meet criteria for current opioid addiction may be candidates for buprenorphine treatment.</p> <p><i>Read the two examples aloud.</i></p>   |
| <p><b>Case Studies:<br/>"Put Your Smack Down!"<br/>A video from the O.A.S.I.S. Clinic, Oakland, CA</b></p>   | <p><b>Slide 14: Case Studies: "Put Your Smack Down!"<br/>A Video from the O.A.S.I.S. Clinic, Oakland, CA</b></p> <p><i>Preface the video with the following statement:</i></p> <p>We are now going to watch a video that was developed by OASIS Clinic in Oakland, California. The video shows people who have are taking buprenorphine talking about their experience with the medication.</p> <p>The purpose of showing this video is to add the patient experience into the conversations. However, it is important to remember that this is only their opinion. Some of the statements come across as if buprenorphine should replace methadone. As we have discussed, buprenorphine is one option for treatment, not a replacement for any existing treatment. Also there is lots of talk about how long someone needs to be abstinent form heroin prior to induction with buprenorphine. Physicians use a variety of induction strategies, the 24-hour wait is one way of handling it.</p> <p><i>Play the video now. Make sure that the computer speakers are turned up.</i></p> |

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| <p style="text-align: center;">Group discussion of cases presented in<br/>"Put Your Smack Down! A Video about Buprenorphine"</p>  | <p><b>Slide 15: Group Discussion of Case Studies Presented in "Put Your Smack Down! A Video About Buprenorphine"</b></p> <p><i>Upon completion of the video, spend a few minutes discussing the buprenorphine patients' experiences and other possible case studies, if people have specific examples.</i></p> <p>What reactions, comments or questions do you have about the information in the video?</p> <p>Does anyone have any other case examples that they would like to share?</p> |
| <p style="text-align: center;"><b>Module IV – Summary</b></p> <ul style="list-style-type: none"> <li>■ Not all opioid-addicted patients are good candidates for office-based buprenorphine treatment.</li> <li>■ Ten simple criteria can help to guide assessment of appropriateness for buprenorphine treatment.</li> <li>■ Patients who have certain medical conditions such as HIV, STDs, hepatitis, etc., should be carefully screened by a physician prior to being started on buprenorphine.</li> </ul> | <p><b>Slide 16: Module IV – Summary</b></p> <ul style="list-style-type: none"> <li>• Not all opioid-addicted patients are good candidates for office-based buprenorphine treatment.</li> <li>• Ten simple criteria can help guide assessment of appropriateness for buprenorphine treatment.</li> <li>• Patients with certain medical conditions, including HIV, STDs, and hepatitis C, should be evaluated by a physician prior to beginning buprenorphine treatment.</li> </ul>          |

