

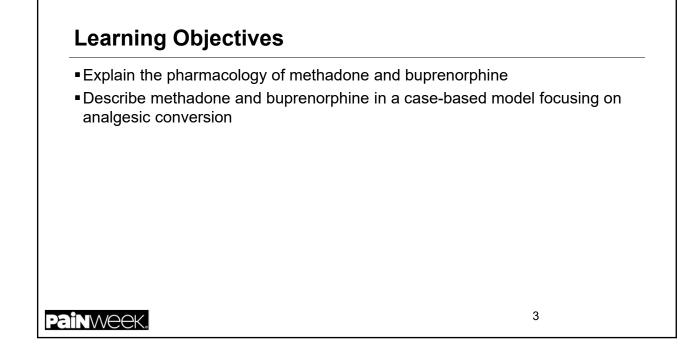
Comedy of Errors: Methadone and Buprenorphine

Douglas Gourlay MD, MSc, FRCP(C), DFASAM

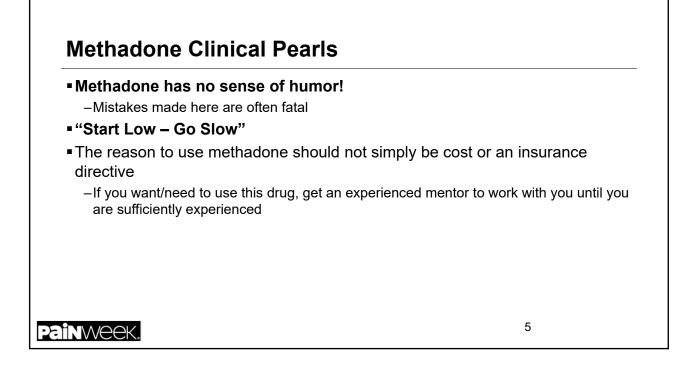
Disclosures

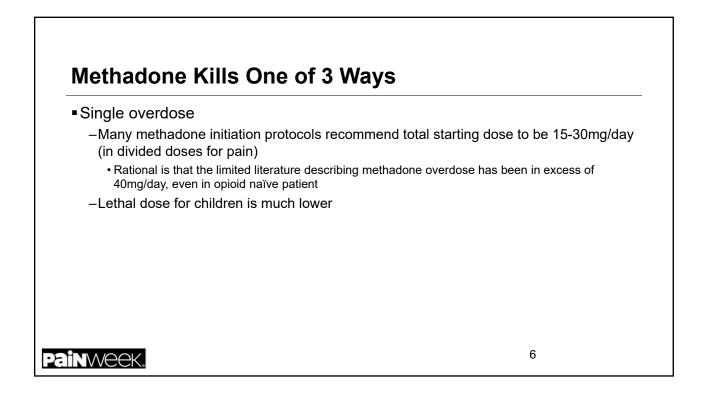
Nothing to disclosure

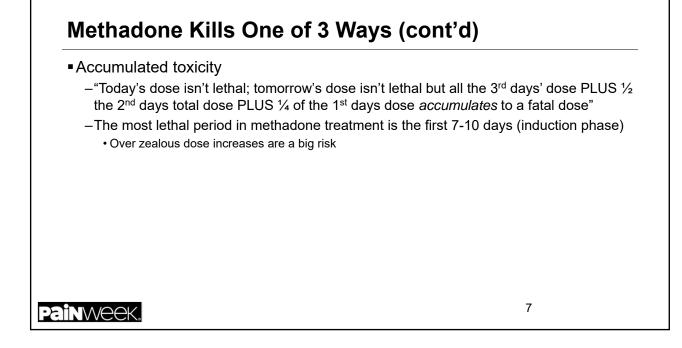


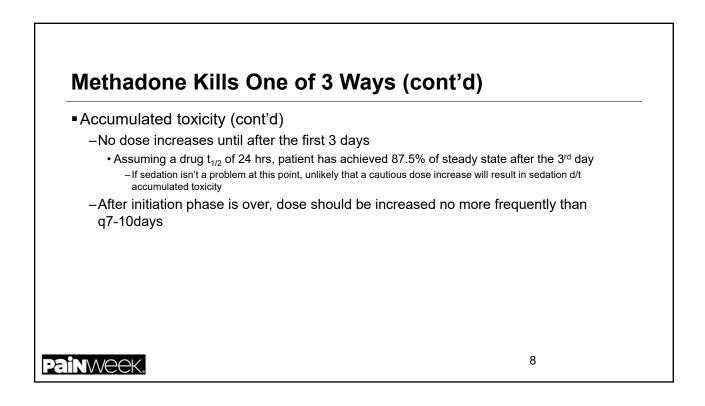


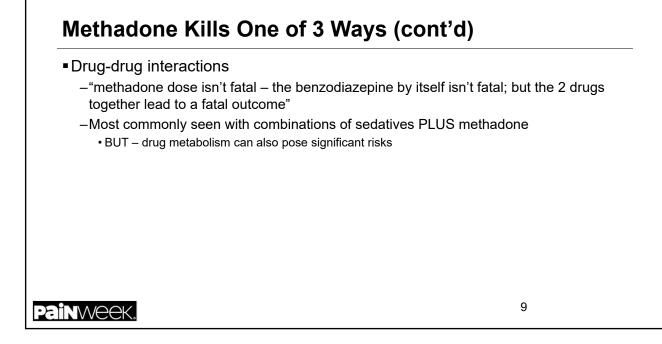
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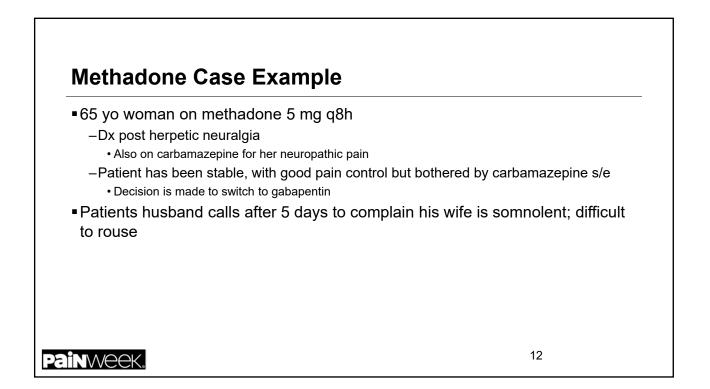






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What's Happened?

 Patient was on a stable dose of methadone, beyond the first 2 weeks of high risk initiation BUT

-A potent 3A4 inducer was discontinued

Gabapentin does NOT affect 3A4 pathway

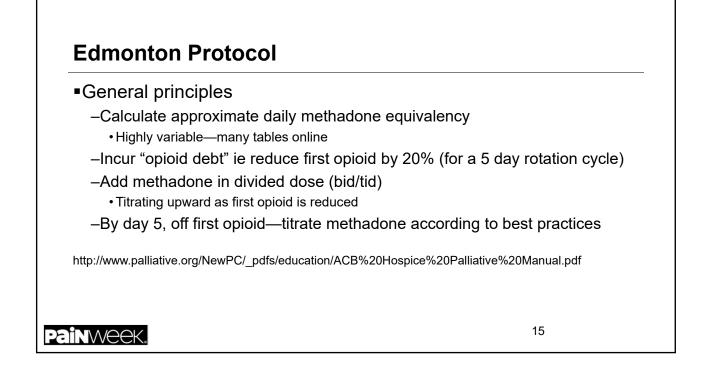
-So, in effect, the patient has had a significant effective increase in her methadone dose because she no longer rapidly metabolizes methadone

Painweek.

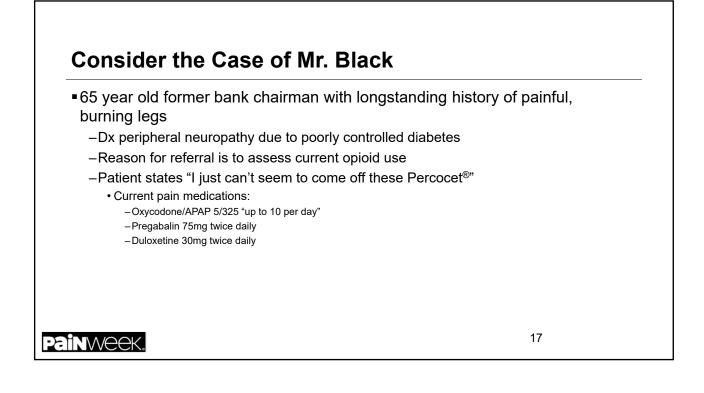
Painweek.

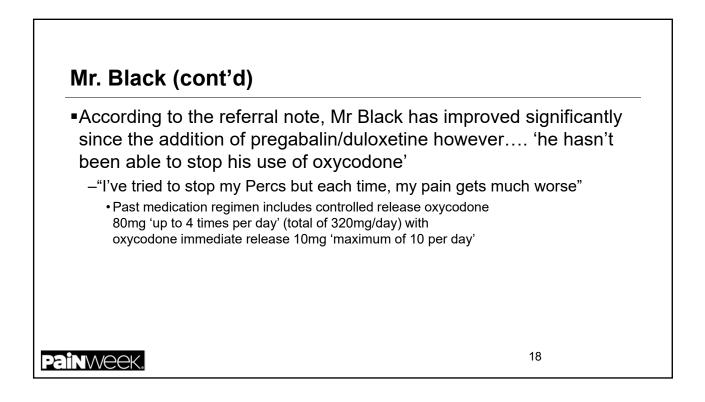
Methadone ConversionSeveral things to consider Is the patient on lower dose morphine (<300mg/day MME) Methadone : morphine ~1:10 but varies! Do you want fast or slower conversion UK protocol vs Edmonton protocol Any concurrent disorders ie substance use? Age; resp illness etc

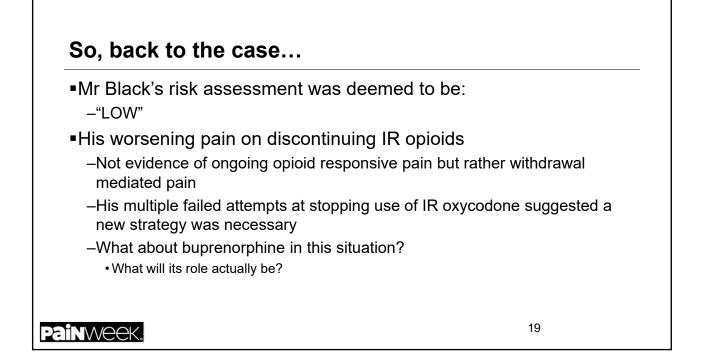
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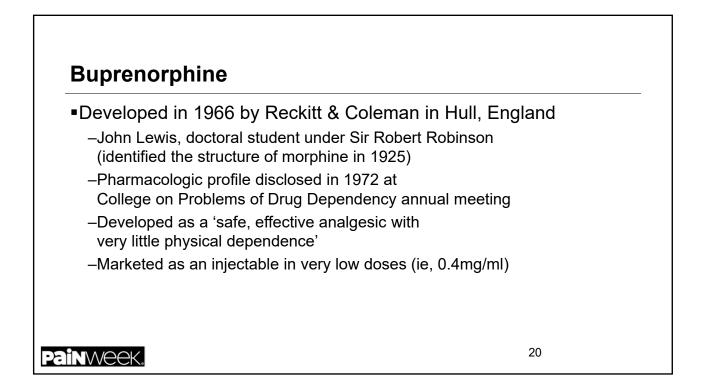


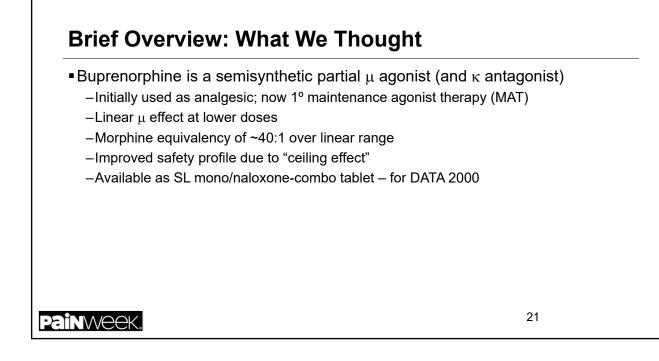








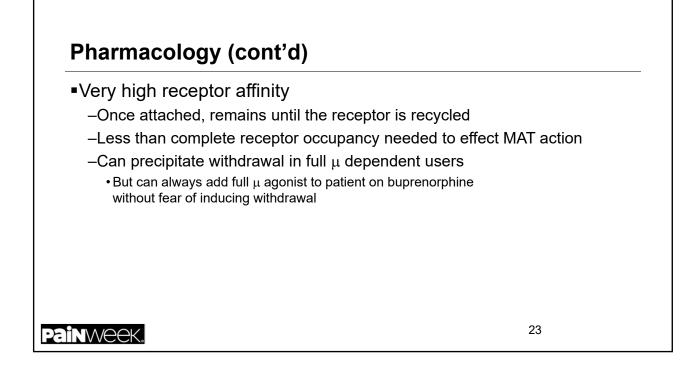


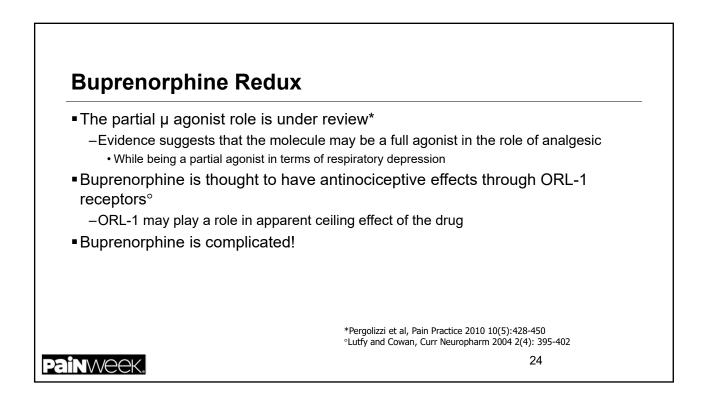


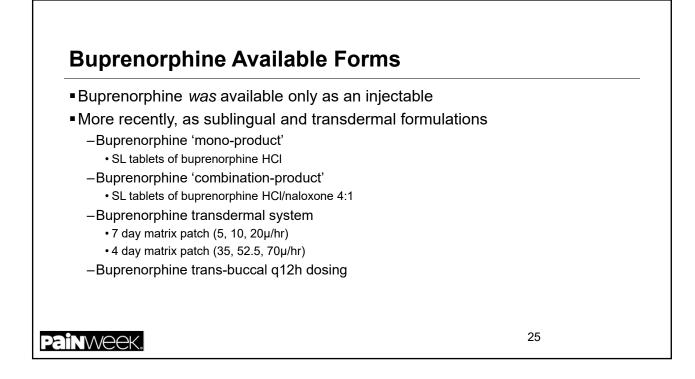
Pharmacology Derived from opium alkaloid thebain Terminal elimination t¹/₂ ~24-60 hours but: Analgesic duration of action is ~6-8 hrs MAT duration of action is ~24-48 hrs Poor oral bioavailability but well absorbed by sublingual/parenteral/transdermal route CYP 450 3A4 (lesser 2C8) metabolism through N-dealkylation (like methadone)

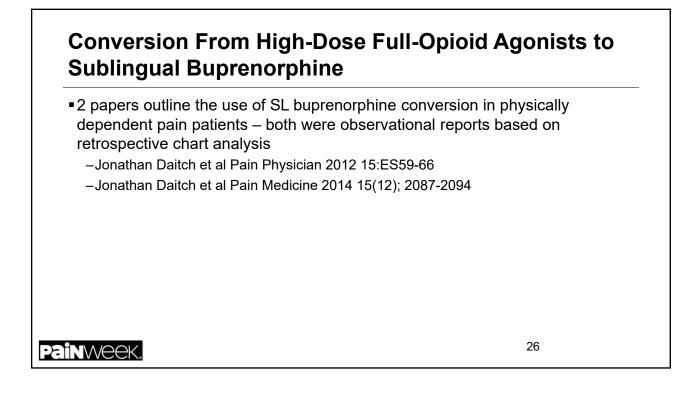


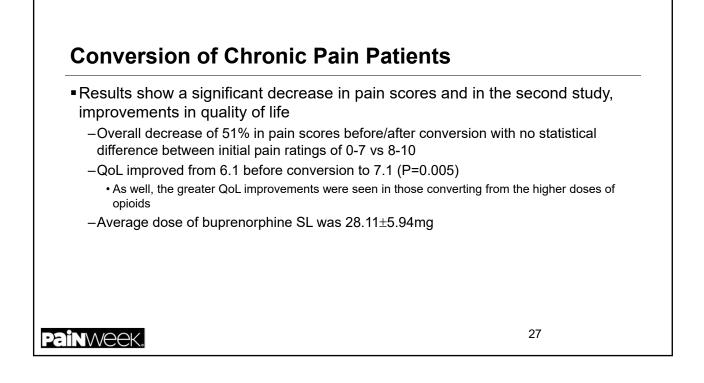
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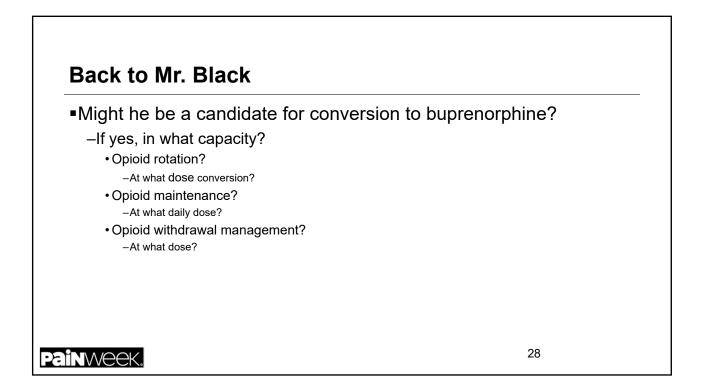


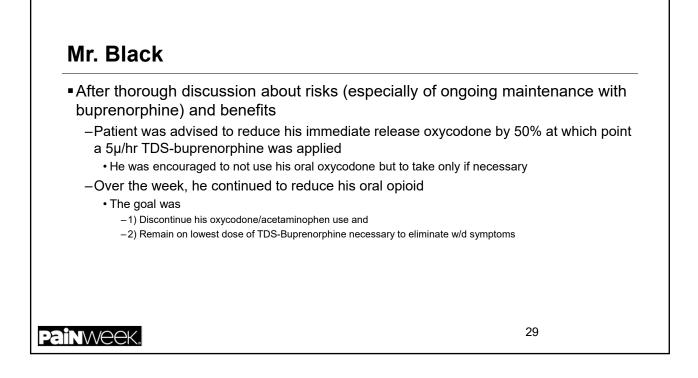










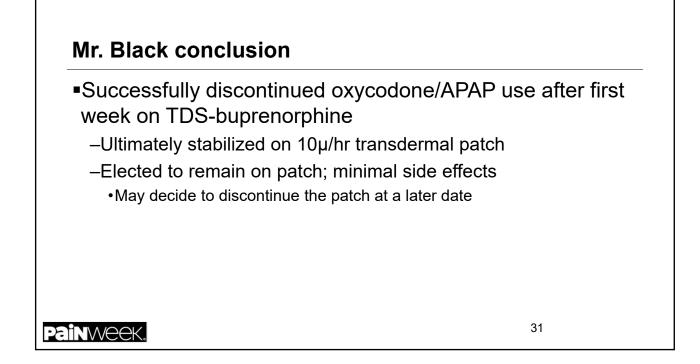


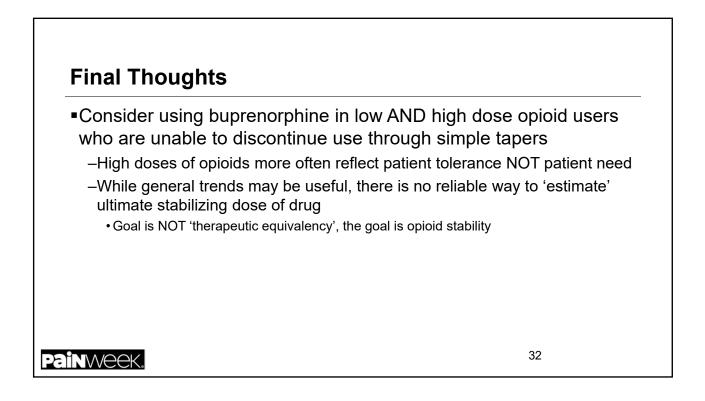
Mr. Black (cont'd)

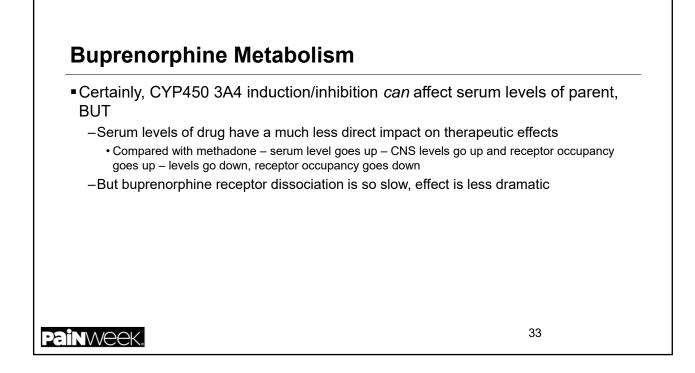
• On day 3, he was asked to call in to speak with our nurse regarding progress

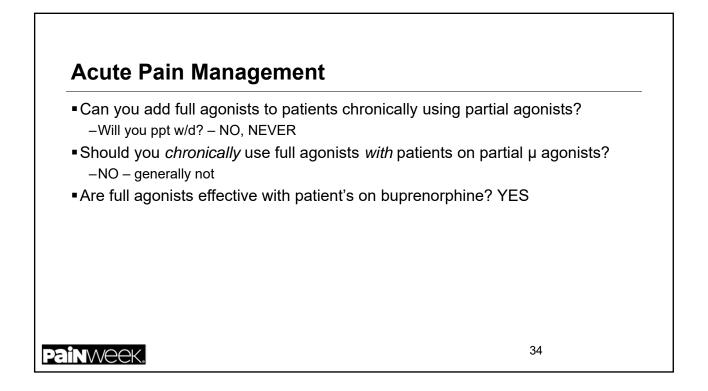
- –If necessary, the patch was increased to $10\mu/hr$ after day 3
- -He was cautioned NOT to interpret a worsening of his pain symptoms as evidence of failure until he was on a steady (and optimal) dose of TDS-buprenorphine











References

Canadian Opioid Guidelines

<u>http://nationalpaincentre.mcmaster.ca/documents/Opioid%20GL%20for%20CMAJ_01may2017.</u>

Transbuccal buprenorphine delivery system – https://www.belbuca.com/hcp/#

 Danielle Daitch MD1 et al Conversion from High-Dose Full-Opioid Agonists to Sublingual Buprenorphine Reduces Pain Scores and Improves Quality of Life for Chronic Pain Patients. Pain Medicine <u>Volume 15, Issue 12, pages 2087–2094</u>, December 2014

 Heit HA and D Gourlay, Buprenorphine: New tricks with an old molecule for Pain Management, Clinical J of Pain, 2008; 24:93-97

dgourlay@cogeco.ca (Dr Douglas Gourlay – feel free to contact)

Painweek.

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