IMiA
International Medicine in Addiction

17-19 February 2023
Melbourne Convention and Exhibition Centre

High-dose methadone to buprenorphine transfer in patients with psychiatric co-morbidity: How about micro-dosing?

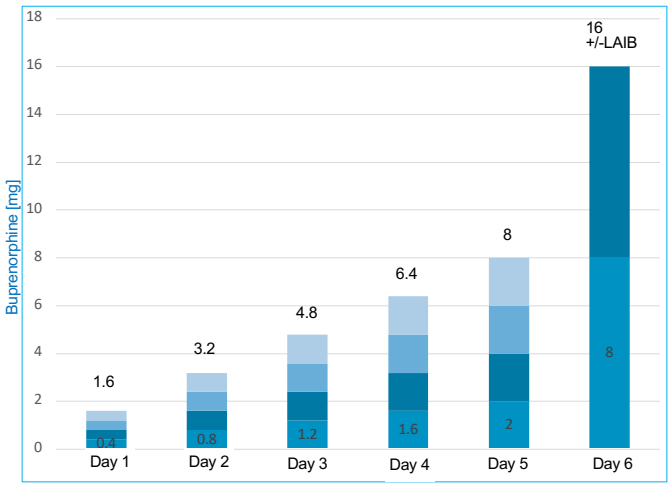
VIVIAN C PRAEGER[1,2], MATTHEW Y FREI[1], SIMON HOLLIDAY[3], SHALINI ARUNOGIRI[1,4,5]

[1] Turning Point, Eastern Health, Victoria [2] GP mentor Area 4 Pharmacotherapy Network, Victoria [3] School of Medicine and Public Health, University of Newcastle, NSW, Australia [4] Monash Addiction Research Centre [5] Eastern Health Clinical School, Faculty of Medicine, Nursing and Health Sciences, Monash University, Melbourne, Victoria

Background

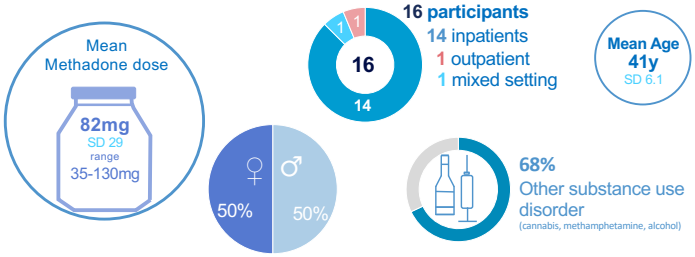
Traditional buprenorphine induction from methadone requires a period of opioid withdrawal. This risks mental state decompensation, and caution is warranted in patients with psychiatric co-morbidity. Micro-dosing of buprenorphine is a novel approach to transition from methadone to buprenorphine by using small incremental doses of buprenorphine without a period of methadone abstinence. Emerging literature indicates that this method is well tolerated and that patients only experience minimal withdrawal symptoms. This study aimed to evaluate if patients with psychiatric co-morbidities can successfully rotate from high-dose methadone (>30mg) to buprenorphine via micro-dosing and how this affects their mental state.

Standard Inpatient Micro-dosing protocol*

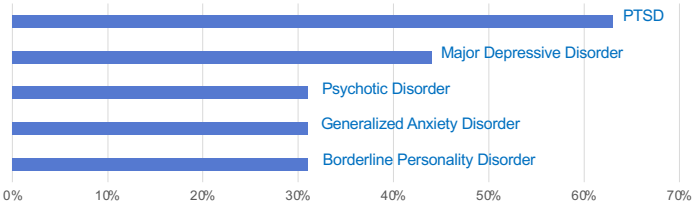


* Outpatient protocol was modified to allow for less frequent dosing, slower daily dose increases and longer duration

Patient Characteristics



Psychiatric Comorbidities
(All participant had at least 1 diagnosis – non mutually exclusive)



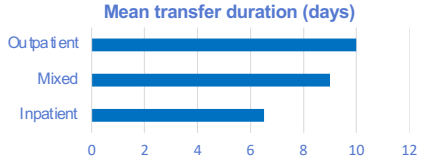
Outcome

15 participants rated micro-dosing as well- manageable

Most participants experienced anxiety

No mental state decompensation

Mean transfer duration (days)



Withdrawal severity

- 12 had mild withdrawal
- 3 had an episode of moderate COWS/SOWS but self-rated "mild"
- 1 moderate precipitated withdrawal*

*Assessment may have been confounded by concurrent stimulant withdrawal

Conclusion

This study demonstrates that patients with psychiatric co-morbidity can safely transition from high-dose methadone to buprenorphine using a micro-introduction protocol. Further evaluation in the outpatient setting would be desirable. The results of the study may have been confounded by a high proportion of participants experiencing poly-substance withdrawal, which may have resulted in an overestimation of withdrawal symptoms.