



Buprenorphine

Buprenorphine Treatment

Three phases of treatment

Induction

Stabilization

Medically supervised Withdrawal

Ideal Candidates for Opioid addiction treatment with Buprenorphine

1. Stable MMT patient with methadone dosage below 30 mg per day
2. Patients with 4-6 previous attempts to complete medically supervised withdrawal
3. New patients with a short history of opiate use
4. Young users (18 years of age or older)

Induction

- Present in mild-to-moderate withdrawal
(If on methadone, reduce maintenance dose to around 30-40 mg, then must abstain 2-3 days)

Precipitated Withdrawal

- History of dependence will be evaluated by medical staff
- UDS will be obtained

Day One

- Receive 4mg buprenorphine, sublingual
- Wait 1 hour, and if signs/symptoms of opiate withdrawal are still present, administer another 4mg buprenorphine, sublingual

Day Two

- If signs/symptoms of withdrawal still present, begin day two by administering 12mg buprenorphine sublingual
- After 1 hour, may administer another 4mg buprenorphine sublingual, for a total of 16mg.

Day Three

- If patient presents with continuing withdrawal signs/symptoms, administer 20mg buprenorphine sublingual.
- After 1 hour, may give an additional 4mg buprenorphine sublingual for a total of 24mg

Day Four

- If patient presents with signs/symptoms of withdrawal, may administer 28mg buprenorphine.
- After 1 hour, if symptoms continue, may administer another 4mg buprenorphine for a total of 32mg.

Pros and Cons

- Once dose is stable, the patient can shift to alternate day dosing (e.g. MWF)
- Increase dose on dosing day by amount not received on intervening days. (e.g. If the patient is on 8mg daily, switch to 16/16/24 on MWF)
- Currently, patient must abide by same clinic rules as MMT patients