

Primary Care Update

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Addiction Medicine 101

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No disclosures

3 Questions

- 1. What is the NIAAA recommended maximum number of drinks per day for a man?**
- 2. What are the best medications to use for the management of the alcohol withdrawal syndrome?**
- 3. What medication is a good option for a primary care physician to use for the treatment of a patient with both chronic pain and addiction?**

The Alcohol and Drug Epidemic

- **We can't treat our way out of this**
- **Prevention is the answer**
 - **Cervical cancer**
 - **Tuberculosis**
- **SBIRT**
 - **Screening**
 - **Brief Intervention**
 - **Referral to Treatment**
- **Move your thinking upstream**



**A 17-year-old
with a family
history of
alcoholism
admits to binge
drinking during
a well visit.**

FRAMES Intervention

- **FEEDBACK:** “I’m concerned about your drinking.”
- **RESPONSIBILITY:** “Only you can decide what to do.”
- **ACTION:** “Avoid drinking until you are 21.”
- **MENU:**
 - Don’t drink and drive
 - Avoid intoxication (4 drink max in 24 hours)
- **EMPATHY:** “I know this is not easy.”
- **SUPPORT:** “You are smart enough to make good decisions.”



**A 17-year-old
with a family
history of
alcoholism
admits to
binge drinking.**

- 1. Advise of genetic risk**
- 2. FRAMES intervention**
- 3. Give a handout, show a video**



A 26-year-old is admitted for cellulitis, develops heroin withdrawal and has a positive pregnancy test.

The Management of the Opioid Withdrawal Syndrome (“detox”)

- **Observe severity (COWS)**
- **Methadone option**
 - Initial dose 10-15 mg
 - Plus 5 mg Q4 PRN (max 30 mg in 1st 24 hour)
 - Then 5 mg less per day (5-day max)
 - Restricted use per federal law
- **Buprenorphine option**
 - 4 – 10 mg day 1 (4 mg, then 2 mg Q4 PRN)
 - Taper over next 3-5 days
 - Need DATA 2000 waiver (e.g., “X number”)

The MOTHER Trial

Variable	Methadone Group	Buprenorphine Group	P-value
Treated for NAS (y/n)	57%	47%	N/S
LOS total (days)	17.5	10.0	<0.01
NAS treatment (days)	9.9	4.1	<0.01
NAS peak score	12.8	11.0	0.04
Total MSO ₄ dose (mg)	10.4	1.1	<0.01

Jones et al. N Eng J Med 2010;363:2320-2331



A 26-year-old is admitted for cellulitis, develops heroin withdrawal and has a positive pregnancy test.

- 1. Treat withdrawal**
- 2. Intervene and offer hope**
- 3. Refer for ORT
(buprenorphine or methadone)**



A 44-year-old is requesting a prescription for "severe depression" related to a recent divorce and job loss.

DARES: Motivating to Change

- **DD:** Develop Discrepancy
- **AA:** Avoid Argument
- **RR:** Roll with Resistance
- **EE:** Express Empathy
- **SS:** Support Self-efficacy

Miller and Rollnick, Guilford Press 2002

The Management of the Alcohol Withdrawal Syndrome (“detox”)

- **Observe severity (CIWA-Ar)**
- **Always give thiamine**
- **Use long-acting diazepam**
 - Symptom triggered (5 mg Q4 PRN)
 - Front-loading (10 mg Q2 until sedated)
 - Scheduled (10 mg QID X4, 5 mg QID X8)
- **Short-acting benzodiazepine option**
 - Elderly
 - Severe liver disease
 - Acute exacerbation of COPD



A 44-year-old is requesting a prescription for "severe depression" related to a recent divorce and job loss.

- 1. SBIRT**
 - a) Professional program**
 - b) Information about AA**
- 2. Manage withdrawal PRN**
- 3. Follow-up to monitor progress**



A 57-year-old wants a refill of opiates prescribed by his prior physician.

Addiction & Pain Categories

No Addiction
No Chronic pain

Probable Addiction
No Chronic Pain

No addiction
Verified Chronic
Pain

Probable Addiction
Verified Chronic
Pain

Caring for Patients with Pain and/or Addiction

- **No Pain, No Addiction**
 - Consider discharge from practice
 - Consider calling the DEA
- **No Pain, Probable Addiction**
 - Taper off opioids and refer for treatment
 - Consider buprenorphine
- **Pain, No Addiction**
 - Continue medication, lowest dose
 - Observe for addiction (pill counts, toxicology, I-Stop)
- **Pain, Probable Addiction**
 - Stop short-acting opioids, start buprenorphine
 - Refer for counseling



**A 57-year-old
wants a refill of
opiates
prescribed by his
prior physician.**

- 1. Re-evaluate the pain diagnosis**
- 2. Rule out a substance use disorder**
- 3. Collect urine for toxicology**