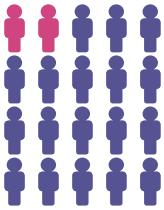
Opioid Agonist Therapy

DID YOU KNOW?

Buprenorphine-Naloxone (bup-nal) SUBOXONE® sublingual tablets for CHRONIC PAIN

The use of opioids for chronic pain management may coincide with opioid use disorder (OUD).



If 20 people are prescribed chronic opioids, **at least 1 or 2** are expected to develop or have opioid use disorder (OUD).[1,2]

The opioid conversion ratio for sublingual bup is unpredictable. After the induction (which is the same as for OUD), the dose must be **titrated to analgesic effect**.

BUPRENORPHINE IS **25 to 100x** MORE POTENT THAN MORPHINE

Screen for OUD with the Prescription Opioid Misuse Index (POMI). Use the 4Cs (loss of **control**, **compulsive** use, **craving**, and **continued** use despite harm) to aid with diagnosis.

The **long duration of action** of bup can alleviate end-of-dose (withdrawal-mediated) pain. If a short duration of analgesia is noticed, **doses *may* be divided** (BID-QID), even temporarily.

Using bup-nal for chronic pain is off-label; however, other bup formulations are indicated for pain (e.g. **BUTRANS**). Observational studies & clinical experience suggest bup-nal can ↓ **pain** & ↑ **quality of life.**[3,4]

Bup has a strong affinity to the opioid receptor, but does not activate it as fully as other opioids. This means, people often experience **fewer adverse effects** (e.g. sedation, constipation, low testosterone).

Due to **unique receptor effects**, bup may cause **less tolerance and hyperalgesia** than traditional full opioid agonists (like morphine or hydromorphone).

There are no regulatory college requirements for bup if prescribed **solely** for the purpose of pain management in Saskatchewan.

Concurrent mental health disorders are common in chronic pain. People taking bup-nal *may* experience **less anxiety and depression.**

WHO MIGHT BE AN IDEAL CANDIDATE FOR BUPRENORPHINE-NALOXONE?

People on long-term opioid therapy with intolerable side effects, loss of effect, hyperalgesia, increased risk of overdose, protracted withdrawal during an opioid taper... AND people with concurrent OUD.

The BOTTOM LINE for BUPRENORPHINE-NALOXONE:

- **It can be effective for managing chronic pain.**
- **It is generally safer and better tolerated than other opioids.**
- **It can be useful, even when the diagnosis is unclear, because it can treat both pain and OUD.**

Rx FILES
RxFiles.ca

1. Vowles KE, McEntee ML, Julnes PS, et al. Rates of opioid misuse, abuse, and addiction in chronic pain: a systematic review and data synthesis. Pain. April 2015;156(4):569-576.
2. Busse J, et al. The 2017 Canadian Guideline for Opioids for Chronic Non-Cancer Pain. National Pain Center. 2017.
3. Daitch D, Daitch J, & Novinson D, 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. 2014;15:2087-2094.
4. Daitch J, Frey M, & Silver D, et al. Conversion of Chronic Pain Patients from Full Opioid Agonists to Sublingual Buprenorphine. Pain Physician. 2012;15:ES59-ES66.