

INFORMATION ABOUT
OPIOID AGONIST TREATMENT
– BUPRENORPHINE
HUS Addiction Psychiatry

WELCOME TO OPIOID AGONIST TREATMENT offered by HUS Addiction Psychiatry!

Opioid treatment is an effective long-term medical treatment. It reduces non-medical drug use, it reduces cravings for drugs, it supports decreasing injecting, it enables other treatments as well as allows rehabilitation and a better quality of life. Other treatments include psycho-social rehabilitation, such as discus-

sions with your primary nurse, required psychiatric and therapeutic treatment, examinations and services offered by specialist staff (eg. psychologists), as well as group activities.

The purpose of this brochure is to increase your knowledge about buprenorphine-naloxone treatment.

INFORMATION ABOUT BUPRENORPHINE

Several authorised products contain buprenorphine. In opioid agonist treatment, buprenorphine and naloxone containing film and sublingual tablets are most commonly used. A special permit is required for the film. At the beginning of 2019, some opioid treatment clinics introduced subcutaneous depot injections of long-acting buprenorphine.

What is buprenorphine?

Buprenorphine is an artificial, long-acting opioid (morphine-like drug), which affects the opioid receptors of the brain.

What is naloxone?

Naloxone is an opioid receptor antagonist. When used correctly, the amount that enters the bloodstream from the combination product is so small that it does not have any significant effects.

Dosage and administration

Usually, buprenorphine is administered as a sublingual tablet or film. It is important to take the medicine correctly because the bioavailability of buprenorphine is small if you swallow it immediately. Usually, the initial dose of buprenorphine is 2-4 mg/day, and then the dose is increased to an individually adequate level. The aim is to prevent withdrawal symptoms. Peak drug level is reached 1-4 hours after the administration of buprenorphine. After stopping the use of buprenorphine, withdrawal symptoms appear gradually, usually in 1-3 days.

The efficacy of buprenorphine does not significantly increase after the dose level regularly used for opioid agonist treatment has been reached. However, it is possible to prolong the duration of the

effect by increasing the dose, up to a certain limit. In certain situations, a double dose can be administered. This means you are given a two-day dose at once.

Choosing the medication

The medication is chosen based on individual assessment, and opioid treatment clinics should be able to offer both buprenorphine and methadone treatment. Both methadone and buprenorphine produce good treatment results with corresponding doses. Buprenorphine has been considered the best option for you.

What kind of adverse effects does buprenorphine have?

Usually, buprenorphine has the same kind of adverse effects as other opioid drugs. The most common adverse effects include fatigue, constipation, headache, dizziness, nausea, and sweating. Sexual dysfunctions have also been described. Cavities may have started forming already before opioid treatment, but opioids can reduce salivation, making good oral hygiene especially important. We recommend use of fluoride supplements after taking the medication.

Many adverse effects subside over several weeks but constipation, for example, can last for a long time. You should tell the nurses and doctors about the possible adverse effects. That way they can try to find solutions and help your situation to be as good as possible.

Pharmacy distribution

In some cases, buprenorphine-naloxone combination can be collected directly from a pharmacy. In this case, you must sign a pharmacy agreement to commit to collecting your medication in one pharmacy only. You also have to authorise the pharmacy to disclose information about your treatment to the physician in charge and to inform other pharmacies about the pharmacy agreement.

Your treatment, regular monitoring of your health and psychosocial support will continue at your opioid treatment clinic.

Overdose

You must call for help if you have taken an overdose of the medication or if, for example, a child has swallowed any by accident. Even a small dose can be life threatening for children. During opioid treatment, it is your responsibility to make sure that your home medication is kept out of reach and sight of children. You must keep your home medication in a locked box.

If buprenorphine is administered to someone who is not dependent on opioids and can't tolerate their effects, even a dose smaller than the therapeutic dose can cause lethal respiratory depression.

If this happens, contact a doctor, emergency clinic, or Medical helpline (tel. **116 117**) or the Poison Information Center (tel. **0800 147 111**) for risk assessment and instructions. In life-

Signs of overdose

- Difficulty in breathing
- Exhaustion, fainting, unconsciousness
- Pinpoint pupils
- Muscle weakness
- Cold and clammy skin
- Slower heart rate, low blood pressure, arrhythmia
- In serious cases, death

threatening situations (e.g. difficulty in breathing, unconsciousness, stroke symptoms, sudden convulsions), please call the emergency number **112**.

Even if the person who has taken an overdose feels good, they might have opioid poisoning and it is recommended to contact the above.

Driving and buprenorphine

Buprenorphine can cause drowsiness or dizziness or impair the ability to think, especially at the initial stage of treatment. Do not drive or operate machinery at the beginning of the treatment until the steady state has been reached and you have no non-medical drug use. Sedative drugs exaggerate the effects of buprenorphine. Effects are possible even if you do not notice them yourself. Recovery of the ability to drive and oper-

ate machinery is individual, and a doctor should assess it.

Pain and pain management

Buprenorphine is also used for pain management but in significantly smaller doses than in opioid agonist treatment programs for addiction. During your buprenorphine treatment, relief of acute severe pain (e.g. post-operative pain) may call for special expertise due to drug interactions. In long-term pain management, current recommendations emphasise that opioids are not the primary treatment.

Only a minority of patients with long-term pain benefit from opioid medication to the extent that the pain is alleviated and their functional capacity improves.

IN CONCLUSION

Drug interaction

It is important that you tell your opioid treatment clinic personnel about any other medication (e.g. medication prescribed at a health center) you have taken. If you are prescribed medication elsewhere, please let them know about the opioid treatment. This also includes over-the-counter (OTC) medications. Some drug interactions are dangerous but most of them can be controlled with the right dosage if the doctor knows about all of the used medications in time.

Combining alcohol, benzodiazepines and other substances with buprenorphine

It can be dangerous to use intoxicants with opioid treatment. It is most dangerous to combine sedative drugs, sleep medication, other opioids, alcohol or gamma hydroxybutyrate (GHB) (or gamma butyrolactone, GBL) with buprenorphine. In some patients, opioid

treatment can cause memory problems. Memory problems can also be caused by other medication and especially substance abuse.

Pregnancy and breastfeeding

When a person who uses substances is pregnant, it is always considered a risk and the pregnancy is monitored at a maternity clinic. It is recommended that you inform the place of treatment beforehand if you plan to get pregnant. The aim is to ensure the safe development and growth of the foetus and the child. Risk of malformations is not associated with methadone or buprenorphine treatment. Breastfeeding is allowed during buprenorphine and methadone treatment if there are no other contraindications to breastfeeding, if the substance abuse treatment is sufficient, and if the child is monitored by a paediatric unit (Treatment of drug abuse, Current Care Guideline, 12 April 2018).

Opioid agonist treatment is a long-term or even life-long therapy. If you want to discontinue the treatment, however, discuss it with your nurse and doctor because the discontinuation should be planned carefully. More information about opioid agonist treatment can be found, for example, at the Mental Hub www.mielenterveystalo.fi/oppaat (in Finnish).



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