



INFORMATION ABOUT
OPIOID AGONIST TREATMENT
– METHADONE
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 methadone treatment.

INFORMATION ABOUT METHADONE

Several authorised products contain methadone. Most products are liquids to be taken by mouth (oral solutions) but also tablets are available. The strength of oral solutions varies between 0.2-10mg/ml. Several products contain flavor excipients, such as raspberry or blood orange.

What is methadone?

Methadone is an artificial, long-acting opioid (morphine-like drug) that breaks down slowly in the body. It works by affecting the opioid receptors of the brain.

Dosage and administration

Generally, an oral solution containing methadone is used for opioid agonist treatment. It is taken once a day. Peak drug level is reached 2-3 hours after administration. After stopping the use of methadone, withdrawal symptoms appear in approximately 36-48 hours. Initial dose is usually 10-20 mg/day.

Then the dose is increased gradually, and at the end of the initial phase the dose is usually 60 mg. The initial phase generally lasts for ca. three weeks.

After the initial phase, the dose is increased individually. The most common doses are 60-120 mg/day. The aim is to prevent withdrawal symptoms. In certain situations, the methadone blood level can be tested.

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. Generally, methadone is experienced as stronger and a more effective option that reduces substance cravings and supports giving up injecting. Both methadone and buprenorphine produce good treatment results with corresponding doses. Methadone has been considered the best option for you.

What kind of adverse effects does methadone have?

Usually, methadone 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. Methadone can prolong the conduction time in the heart, and for this reason you will have an electrocardiogram (ECG).

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.

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 methadone 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-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 methadone

Methadone 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 methadone. Effects are possible even if you do not notice them yourself. Recovery of the ability to drive and operate machinery is individual, and a doctor should assess it.

Pain and pain management

In long-term pain management, current recommendations emphasise that opi-

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

oids 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. During opioid agonist treatment, relief of acute severe pain (e.g. post-operative pain) may call for special expertise due to drug interactions.

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 danger-

ous 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 methadone

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 methadone. 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).

IN CONCLUSION

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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