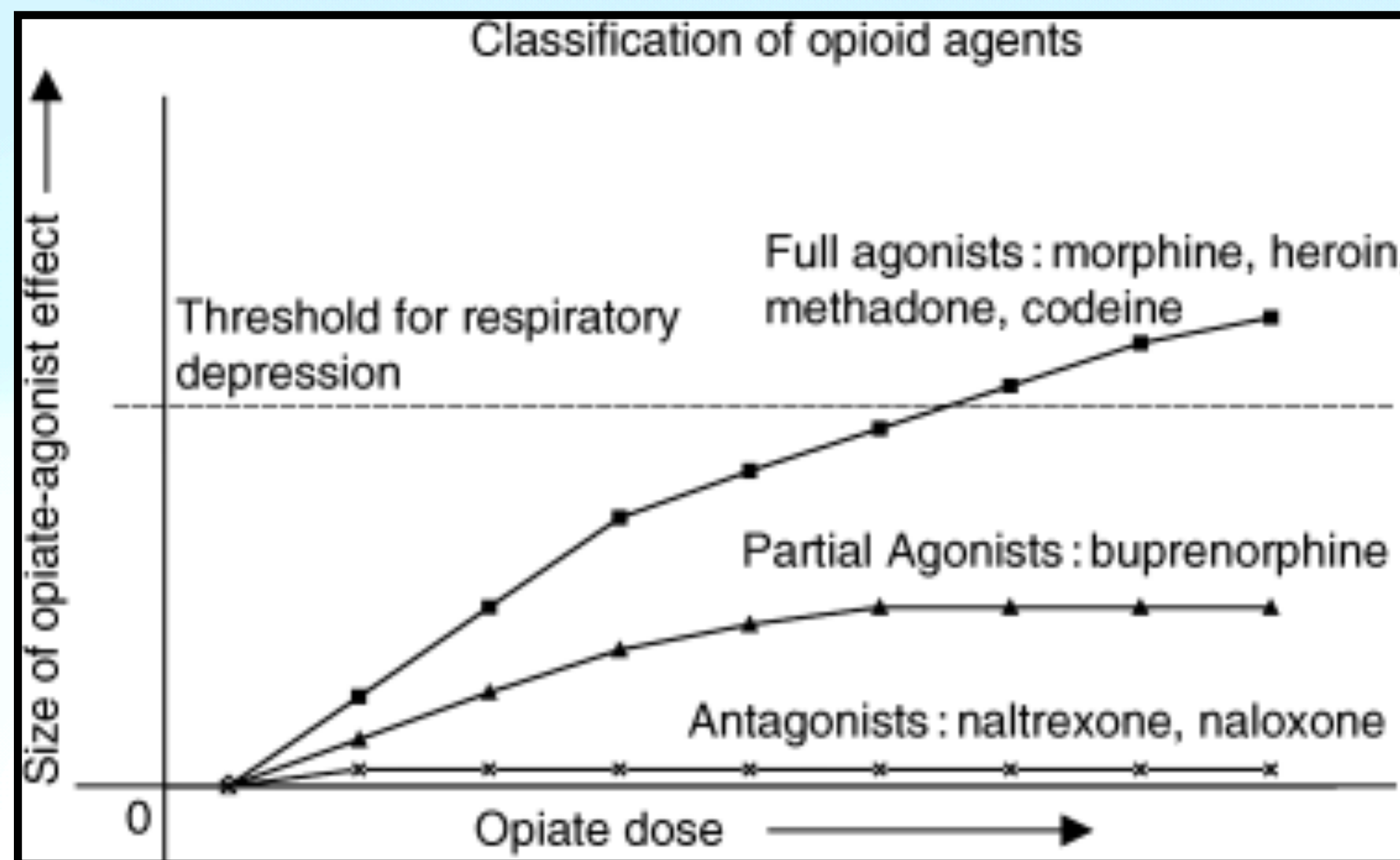


# Medical Management of Opioid Withdrawal

## Medication-Assisted Therapy



# Medical Management of Opioid Withdrawal

## Medication-Assisted Therapy

Methadone	Buprenorphine
No risk of precipitating withdrawal (full $\mu$ -opioid receptor agonist)	Risk of precipitating withdrawal (high affinity partial agonist)
Do not need to have objective signs of withdrawal	Use COWS to wait for mild/moderate withdrawal (6-12?)
Used for the management of acute withdrawal (and maintenance therapy)	
Can only be used in supervised settings	Often combined with naloxone to prevent abuse (Suboxone)
Concern for QT prolongation	FDA warning about dental problems (e.g. tooth decay, cavities), counsel to rinse
Safe/preferred in pregnancy to limit exposure of the fetus to cycles of withdrawal (just may not include naloxone with buprenorphine)	

[1] Acta Neuropsychiatrica, The clinical use of buprenorphine in opiate addiction: evidence and practice. Volume: 16, Issue: 5, Pages: 246-274, First published: 11 February 2005, DOI: (10.1111/j.0924-2708.2004.00095.x)