

Medical Management of Opioid Withdrawal

Medication-Assisted Therapy

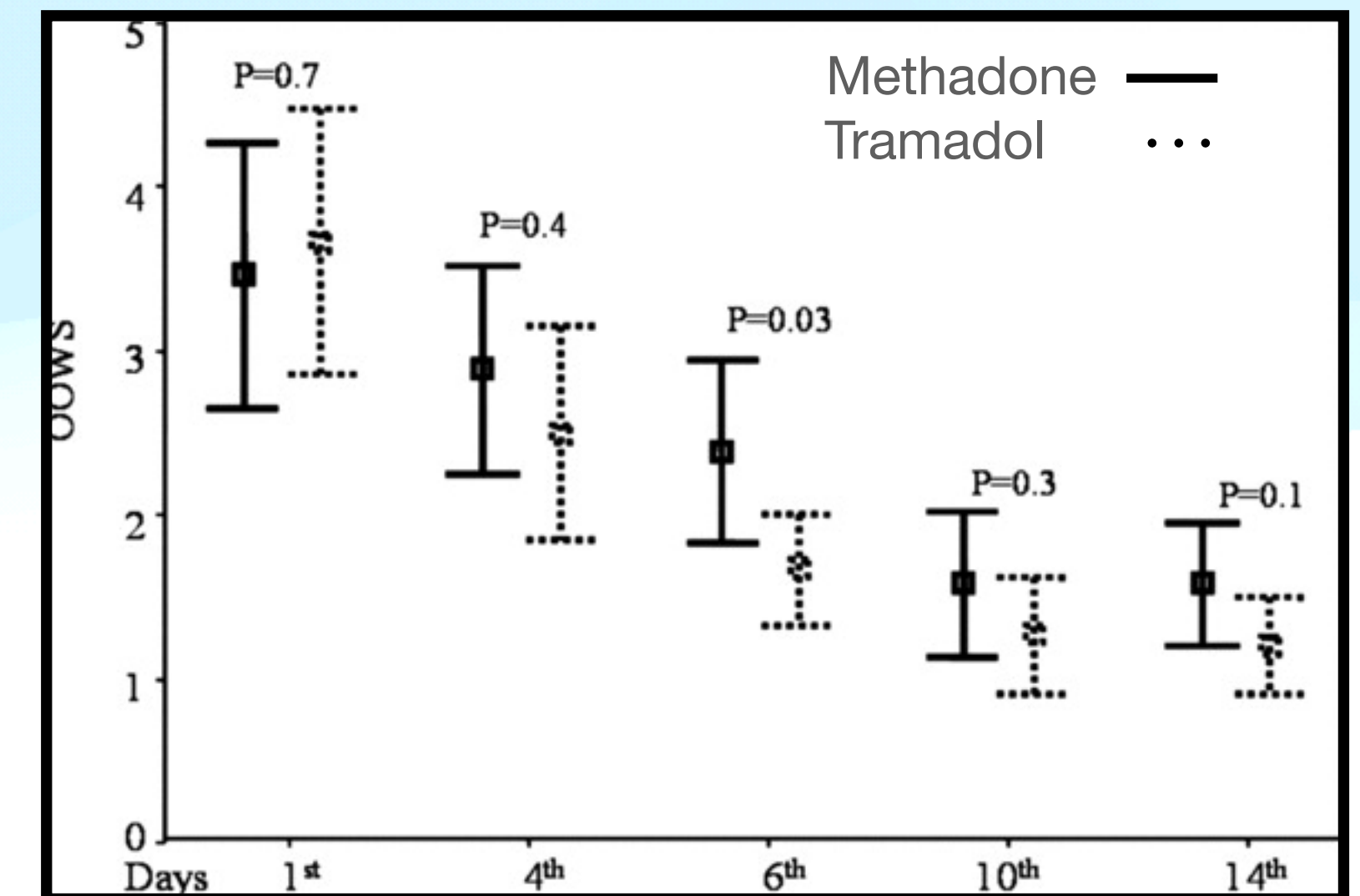
Methadone	Buprenorphine
No risk of precipitating withdrawal (full μ -opioid receptor agonist)	Risk of precipitating withdrawal (high affinity partial agonist)
Do not need to have objective signs of withdrawal	Use COWS to wait for mild/moderate withdrawal (6-12?)
Used for the management of acute withdrawal (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)

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Alternative Opioid Agonists

- Tramadol may be as effective as methadone and buprenorphine for reducing severity of opioid withdrawal



[1] Zarghami M, Masoum B, Shiran MR. Tramadol versus methadone for treatment of opiate withdrawal: a double-blind, randomized, clinical trial. J Addict Dis. 2012;31(2):112-117. doi:10.1080/10550887.2012.665728

[2] Shah K, Stout B, Caskey H. Tramadol for the Management of Opioid Withdrawal: A Systematic Review of Randomized Clinical Trials. Cureus. 2020;12(7):e9128. Published 2020 Jul 11. doi:10.7759/cureus.9128