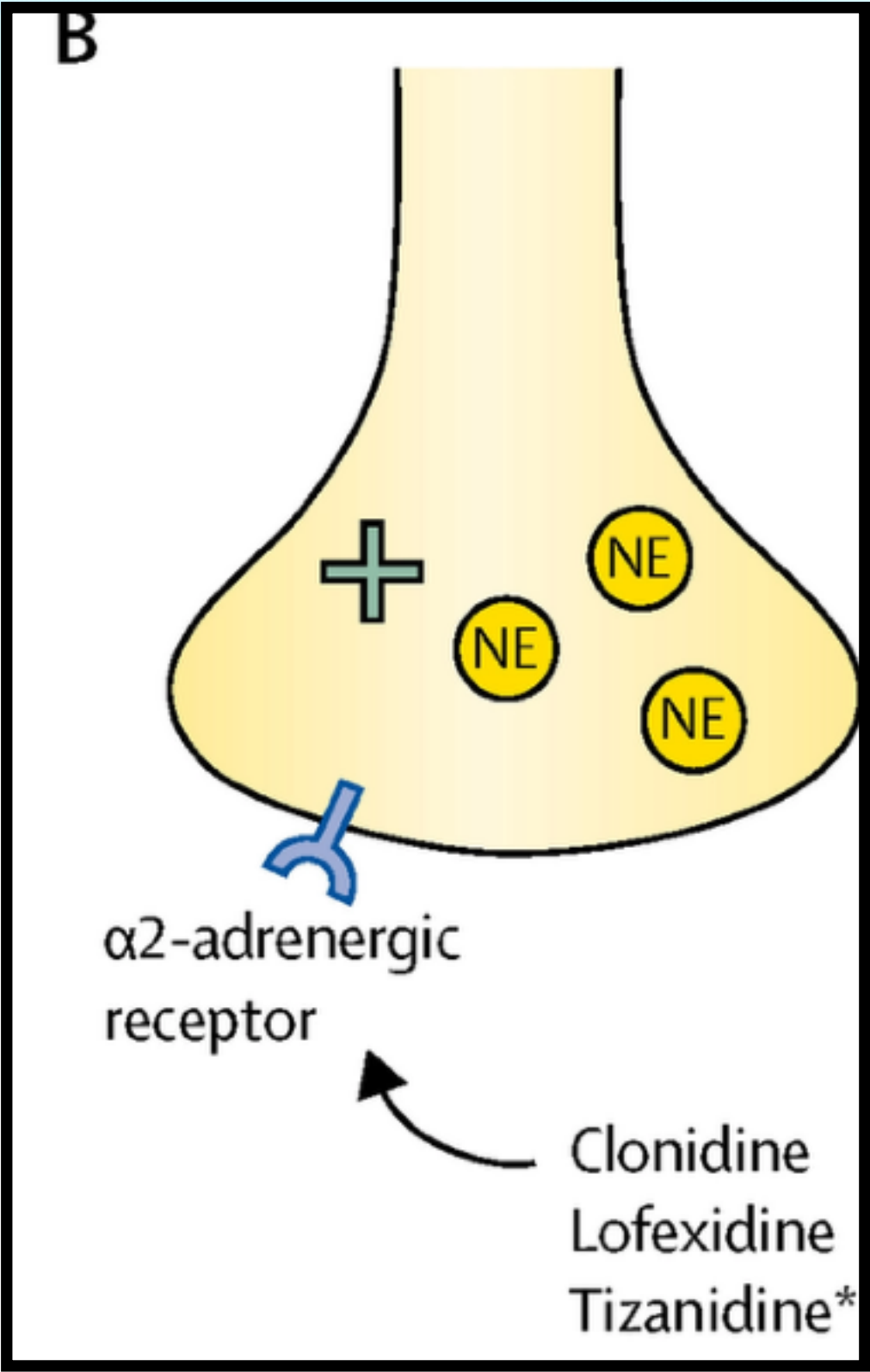


Medical Management of Opioid Withdrawal

Symptom-Based Management

| Medications for symptom-based treatment of opioid withdrawal | | |
|--|----------------------|--|
| Symptom type | | Treatment regimens |
| Sympathetic hyperactivity | Autonomic symptoms | <ul style="list-style-type: none">• Alpha-2 agonists (lofexidine, clonidine, guanfacine)• N-methyl-D-aspartate (NMDA) receptor antagonists (amantadine, memantine, and dextromethorphan) |
| | Anxiety/insomnia | <ul style="list-style-type: none">• Diazepam (risk of respiratory depression)• Temazepam (risk of respiratory depression) |
| Musculoskeletal | Myalgias/arthralgias | <ul style="list-style-type: none">• Acetaminophen• Naproxen |
| | Muscle spasms | <ul style="list-style-type: none">• Cyclobenzaprine |
| Gastrointestinal | Nausea and vomiting | <ul style="list-style-type: none">• Ondansetron |
| | Diarrhea | <ul style="list-style-type: none">• Loperamide |
| | Abdominal cramps | <ul style="list-style-type: none">• Hyoscyamine sulfate |
| Other | | <ul style="list-style-type: none">• Cannabinoids• SNRIs |



Case

Case Wrap Up

- After initial symptom management, you and the patient ultimately decide to add tramadol to the patient's existing methadone dose.
- After completing rifampin therapy, the patient returns to her previous methadone routine and follows up with her addiction medicine provider.

