

International Conference and Exhibition on

# Dual Diagnosis

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### Non-opioid protocol for opioid detoxification and/or transition to antagonist treatment

**Introduction:** The clinical effectiveness of a novel non-opioid and benzodiazepine-free protocol was compared to a buprenorphine/naltrexone taper for opioid detoxification and transition to subsequent relapse prevention strategies, including initiation of extended release (ER) naltrexone treatment.

**Methods:** Retrospective chart review of DSM IV diagnosed opioid-dependent patients admitted for inpatient detoxification examined differences between 84 non-opioid protocol (treated with scheduled 4-day tizanidine, hydroxyzine and gabapentin) and 40 bup/nx protocol (treated with scheduled 4-day bup/nx taper) subjects. Both groups received ancillary medications and routine counseling. Primary outcomes measured completion of detoxification and facilitation to further chemical dependency treatment. Secondary outcomes included length of stay (LOS), adverse effects, Clinical Opiate Withdrawal Scale (COWS) scores, ancillary medication use and initiation of injectable ER naltrexone treatment.

**Results:** Non-opioid protocol subjects had greater completion of detoxification (94% vs. 80%;  $p=0.029$ ) and facilitation to further chemical dependency treatment (85% vs. 63%;  $p=0.004$ ). The non-opioid protocol was superior to the bup/nx protocol in lower incidence of bradycardia (44% vs. 65%;  $p=0.040$ ) and lower mean COWS scores on day 1 (3.3 vs. 4.8;  $p<0.001$ ). No significant difference was found in mean COWS scores on day 2 (3.4 vs. 3.2), day 3 (2.8 vs. 2.1) and day 4 (2.4 vs. 1.9); asymptomatic (26% vs. 35%) and symptomatic (8/3% vs. 10%) hypotension; LOS (3.6 vs. 3.4) and ancillary medication use (11.6 vs. 11.8 doses). A total of 27 (32%) of patients in the non-opioid protocol arm pursued transition to ER naltrexone and 24 (89%) of them received the injection prior to hospital discharge.

**Conclusion:** This retrospective, non-randomized, case review study demonstrates a novel, effective non-opioid detoxification protocol using scheduled tizanidine, hydroxyzine and gabapentin for management of opioid withdrawal during the phase between cessation of opioids and initiation of relapse prevention strategies, including transition to injectable ER naltrexone.

### Biography

Gregory Rudolf has been board-certified by the American Board of Addiction Medicine since 2004, by the American Board of Family Medicine since 2003 and by the American Academy of Medical Acupuncture since 2010. He divides his clinical time between inpatient addiction medicine at Cascade Behavioral Hospital in Seattle, where he is the Medical Director of addiction recovery services and Swedish Pain Services, where he practices outpatient pain management, addiction medicine and medical acupuncture. His research has been inspired by his breadth of clinical experience. He has developed a novel protocol for opioid withdrawal management which has a range of clinical applications among the available treatment options for opioid use disorders and which has been the subject of research presented at this and other conferences.

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