

# Dual Diagnosis

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## Buprenorphine in the treatment of opioid-induced hyperalgesia

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**Background:** The clinical effectiveness of a novel non-opioid and benzodiazepine-free protocol was compared to a standardized buprenorphine/naloxone (bup/nx) taper protocol for opioid medically supervised withdrawal and transition to subsequent relapse prevention strategies.

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

**Results:** Non-opioid protocol subjects were more likely to complete medically supervised withdrawal (94% vs. 80%,  $p=0.026$ ) and engage in further chemical dependency treatment (85% vs. 63%,  $p=0.006$ ). The non-opioid protocol subjects had a lower incidence of bradycardia (44% vs. 65%,  $p=0.035$ ) and lower mean COWS scores on day 1 (3.3 vs. 4.8;  $p<0.001$ ). A total of 27 (32%) subjects in the non-opioid protocol group pursued transition to ER naltrexone and 24 of the 27 (89%) received the injection prior to hospital discharge.

**Conclusion:** This retrospective chart review suggests potential efficacy of a novel protocol, containing no opioids or controlled substances, for medically supervised opioid withdrawal and transition to relapse prevention strategies, including injectable ER naltrexone.

### Biography

Gregory Rudolf is providing his services as a staff Physician in Swedish pain center and he is a medical Director, from Addiction Recovery Center, Cascade Behavioral Hospital. His goal for every patient is to help devise and carry out a treatment plan which emphasizes safe, effective, and sustainable approaches toward minimizing unwanted symptoms, and enhancing overall wellness proactively and preventatively. I often recommend integrating acupuncture and other complementary/alternative treatment strategies into the management plan. I find that patients with a willingness to put time and energy into their own care, and who are open to making significant changes to their management plan when it is not working, can very often achieve excellent results over time. His clinical interests is on acupuncture, addictions, adolescent medicine, alcoholism, chemical dependency, cross-cultural medicine and pain management.

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