



# MAT for OUD 101

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# MAT

- ▶ Medication-Assisted Treatment
  - ▶ “Assisted”
- ▶ Not just a pill(s)
  - ▶ Methadone
  - ▶ Buprenorphine, Buprenorphine/Naloxone
  - ▶ Naltrexone

# Heroin Cure

- ▶ Are you not trading one thing for another?
- ▶ Heroin cure for opium addiction
- ▶ Harm reduction?
- ▶ Risks versus benefits
- ▶ Evidence Bases

# Heroin Epidemic

- ▶ Theories of rotating epidemics
- ▶ Differing substances different times
- ▶ 1960's
- ▶ Methadone

# Methadone

- ▶ Long acting opioid agonist
- ▶ Can be rx for chronic pain by PCP
- ▶ Can NOT be rx for Opioid Use Disorder/"Addiction" by PCP
- ▶ Needs to be in context of OTP "Opioid Treatment Program"
  - ▶ Think brick and mortar, daily dosing centers
  - ▶ Rule book
  - ▶ Urban vs rural
- ▶ Solid evidence base
  - ▶ Especially when other services integrated

# Buprenorphine

- ▶ Approved in 1981
- ▶ Just another opioid?
  - ▶ Unique pharmacology
    - ▶ Partial agonist
  - ▶ Off label use
    - ▶ Addiction tx?
    - ▶ Drug of Abuse?

# Buprenorphine

- ▶ Moderately long half life without special formulation
  - ▶ Assuming at steady state for maintenance, w/d peaks day 3
- ▶ Overdose proof\*
  - ▶ Take too much and get sick as long as you don't mix with sedatives
- ▶ Built in blocker
  - ▶ Blessing as it prevents other opioids being mixed or added
  - ▶ Curse as it prevents other opioids being mixed or added
- ▶ “Induction”
  - ▶ When to start?
    - ▶ w/d if too soon or too long
    - ▶ affinity and rate of dissociation

# OBMAT

- ▶ Office Based MAT
  - ▶ Rural vs Urban
    - ▶ Medicaid
      - ▶ Dose limits
      - ▶ Time limits
- ▶ DATA 2000
  - ▶ Permitted qualified physicians to apply for a waiver
  - ▶ Waiver to treat OUD with bup/bup/nlx



# Buprenorphine

- ▶ Buprenorphine
  - ▶ Subutex
- ▶ Buprenorphine/naloxone
  - ▶ 4:1 ratio
  - ▶ Suboxone tab, then films
  - ▶ Zubsolv
  - ▶ Bunavail
  - ▶ Implant
  - ▶ Patch

# “Assisted”

- ▶ SUD's are chronic conditions and difficult to treat
- ▶ Biopsychosocial approach
- ▶ Unfortunately not all programs are created equal
- ▶ Pill mills turning into Suboxone clinics
- ▶ Reputation tarnished

# MAT

- ▶ Evidence base is there for MAT for OUD
  - ▶ Detox and relapse
    - ▶ Why
      - ▶ Other things need to change
  - ▶ SAMHSA
  - ▶ TIPS
    - ▶ TIP 54 Managing Chronic Pain in Adults With or in Recovery From SUD
      - ▶ Free
      - ▶ Others

# Naltrexone

- ▶ Antagonist
- ▶ Depot vs pill
- ▶ Unique marketing strategy
- ▶ Challenges interpreting evidence base

# Cases

- ▶ 24 yo female presents with signs and symptoms consistent with opioid w/d.
- ▶ How could this be managed and what other steps could you take?

# Cases

- ▶ 27 yo female presents for cellulitis
  - ▶ UDS pos bup
- ▶ What questions do you begin to ask this pt?
- ▶ Cellulitis from animal bite and in good standing in good program
- ▶ Cellulitis from diverted bup that is being used iv?

# Cases

- ▶ 36 yo male in ED with humerus fracture in good standing/on 16 mg maintenance dose for OUD.
- ▶ Now in acute pain?
- ▶ How is this best managed?