

How to Navigate Buprenorphine Discontinuation

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Disclosure Information

- ◆ Presenter 1: Kento Sonoda, MD, FASAM, AAHIVS
 - ◆ Presenter 1 Commercial Interests: No Disclosures
- ◆ Presenter 2: Jennifer Bello Kottenstette, MD, MS, FASAM
 - ◆ Presenter 2 Commercial Interests: No Disclosures
- ◆ Presenter 3: Jacob P. Scheer, MD
 - ◆ Presenter 3 Commercial Interests: No Disclosures
- ◆ Presenter 4: Amy B. Hilmer, MD
 - ◆ Presenter 4 Commercial Interests: No Disclosures

Learning Objectives

- ◆ Identify at least three common misconceptions regarding buprenorphine discontinuation
- ◆ Demonstrate practical skills for facilitating the conversation about buprenorphine discontinuation
- ◆ Apply at least one strategy to taper off buprenorphine

Community Agreement



Timeline

- ◆ Introduction
- ◆ Background
- ◆ Role-play
- ◆ Case studies
- ◆ Wrap-up

Buprenorphine Experience

1. Limited knowledge about buprenorphine
2. Know how to start buprenorphine but unsure how to d/c
3. Know how to start and dc buprenorphine but still struggle
4. Few struggles but here to learn more

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Buprenorphine

- ◆ A partial opioid agonist at the mu-receptor
- ◆ An antagonist at the kappa-receptor
- ◆ Approved by the FDA in 2002
- ◆ Overdose and serious opioid-related acute care use ↓
- ◆ The Comprehensive Addiction and Recovery Act in 2016
- ◆ Mainstreaming Addiction Treatment (MAT) Act in Dec 2022

Racial Inequity

- ◆ Opioid overdose deaths worsening among African Americans
- ◆ Access to buprenorphine: Unequal across communities
- ◆ The racial/ethnic disparities got worse during the pandemic.

Buprenorphine

- ◆ How long should patients stay on buprenorphine?
- ◆ BUP D/C - a higher risk of ED visits and overdose
- ◆ Long-term BUP: hypoactive sexual desire, erectile dysfunction
- ◆ Many patients on BUP would like to be off from BUP.
 - ◆ Misconceptions, stigma, personal goals

Challenges - BUP DC



Role-play



Instructions

- ◆ Two scenarios
- ◆ 3 people in each small group
 - ◆ 3 roles: clinician, patient, observer
- ◆ For each scenario, please discuss the following items:
 - ◆ Additional questions
 - ◆ Communication strategies
 - ◆ Pharmacological treatment/Taper plan
- ◆ Role play each scenario for 8 minutes, then switch roles (16 minutes)
 - ◆ Reflect and share experience in small group (4 minutes)
 - ◆ Large group discussion to follow

Scenario 1

- ◆ 34-year-old patient with OUD
 - ◆ On buprenorphine-naloxone 8/2 mg film BID x 6 months
 - ◆ No return to use
 - ◆ Last UDS (4 weeks ago): BUP (+)
 - ◆ Interested in tapering off MOUD due to increasing pressure from family members who say that taking suboxone is like “trading one addiction for another”
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- ◆ What questions do you have for the patient?
 - ◆ What communication strategies do you use?
 - ◆ Medical management plan?

Scenario 2

- ◆ 54-year-old patient with OUD
 - ◆ On buprenorphine-naloxone 8-2 mg films TID x 8 years
 - ◆ No return to use
 - ◆ Consistent UDS result: BUP +
 - ◆ Interested in tapering off MOUD because they are planning a hip replacement in 3 weeks and are concerned about pain control/management while on suboxone
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- ◆ What questions do you have for the patient?
 - ◆ What communication strategies do you use?
 - ◆ Medical management plan?

Scenario 1

- ◆ 34 yo patient with OUD
- ◆ On buprenorphine-naloxone 8/2 mg film BID x 6 months
- ◆ Last use: 6 months ago
- ◆ Last UDS (4 wks ago): BUP +
- ◆ Feeling pressure from family due to concerns that suboxone is trading one addiction for another

- ◆ Interested in tapering off MOUD
- ◆ Additional Questions?
- ◆ Communication strategies?
- ◆ Medical management plans?

Scenario 2

- ◆ 54 yo patient with OUD
- ◆ On buprenorphine-naloxone 8-2 mg films TID x 8 years
- ◆ Last use: 8 years ago
- ◆ Consistent UDS result: BUP +
- ◆ Concerned about pain management following hip replacement surgery in 3 weeks

Tips

- ◆ Approach conversation with non-judgement
- ◆ Allow patient to express their point of view
 - ◆ External factors influencing decision making vs. what does the patient want?
- ◆ Use motivational interviewing techniques
- ◆ Make plan to address potential challenges with treatment plan

Case Studies



Instructions

- ◆ Two cases
- ◆ 3-4 people in each small group
- ◆ For each case, please discuss the following items:
 - ◆ Additional questions
 - ◆ Pharmacological treatment/Taper plan
- ◆ 15 minutes for two cases, followed by large group discussion

Case 1

- ◆ 42-year-old patient with OUD
 - ◆ On buprenorphine-naloxone 8/2 mg film BID x 3 months
 - ◆ Intermittent use of fentanyl and methamphetamine
 - ◆ Last UDS (two weeks ago): FYT/mAMP (+)
 - ◆ Last use: yesterday
 - ◆ Interested in tapering off MOUD
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- ◆ What questions do you have for the patient?
 - ◆ Medical management plan?

Case 2

- ◆ 54-year-old patient with OUD
 - ◆ On buprenorphine-naloxone 8-2 mg films TID x 5 years
 - ◆ No return to use
 - ◆ Consistent UDS result: BUP +
 - ◆ Interested in tapering off MOUD
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- ◆ What questions do you have for the patient?
 - ◆ Medical management plan?

Case 1

- ◆ 42 yo patient with OUD
- ◆ On buprenorphine-naloxone 8/2 mg film BID x 3 months
- ◆ Intermittent use of fentanyl and methamphetamine
- ◆ Last UDS (2 wks ago): FYT/mAMP (+)
- ◆ Last use: yesterday

Case 2

- ◆ 54 yo patient with OUD
- ◆ On buprenorphine-naloxone 8-2 mg films TID x 5 years
- ◆ Last use: 5 years ago
- ◆ No return to use
- ◆ Consistent UDS result: BUP

- ◆ Interested in tapering off MOUD
- ◆ Additional Questions?
- ◆ Medical management plans?

Facilitating a Conversation

- ◆ Define "successful" treatment
- ◆ Review what we know about Buprenorphine weaning from current evidence
- ◆ Patient-centered discussion
- ◆ Develop a deep understanding of the individual's story

Tools to Taper

- ◆ Recovery Capital
- ◆ Risk Factors for Relapse
- ◆ Address both the physiological and the psychological aspects of tapering
- ◆ Encourage a step-wise approach with frequent check-ins
- ◆ Role of long-acting Naltrexone on completion
- ◆ Harm Reduction

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Q&A

