

# How to Navigate Buprenorphine Discontinuation

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ASAM 55<sup>th</sup> Annual Conference – April 6<sup>th</sup>, 2024

# 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
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  - ◆ 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

# Timeline

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

# 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

# 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

# References

- Wakeman, S. E., Larochele, M. R., Ameli, O., et al. (2020). Comparative Effectiveness of Different Treatment Pathways for Opioid Use Disorder. *JAMA network open*, 3(2), e1920622. <https://doi.org/10.1001/jamanetworkopen.2019.20622>
- Rosen, H., & Cunningham, C. O. (2023). Time to End Racial Disparities in Buprenorphine Access. *American journal of public health*, 113(10), 1083–1085. <https://doi.org/10.2105/AJPH.2023.307388>
- Schuler, M.S., Dick, A.W., & Stein, B.D. (2021). Growing racial/ethnic disparities in buprenorphine distribution in the United States, 2007-2017. *Drug and alcohol dependence*, 223, 108710.
- Nguyen, T., et al. (2022). Racial and Ethnic Disparities in Buprenorphine and Extended-Release Naltrexone Filled Prescriptions During the COVID-19 Pandemic. *JAMA network open* 5(6), e2214765.
- Zweben, J. E., Sorensen, J. L., Shingle, M., & Blazes, C. K. (2021). Discontinuing Methadone and Buprenorphine: A Review and Clinical Challenges. *Journal of addiction medicine*, 15(6), 454–460. <https://doi.org/10.1097/ADM.0000000000000789>
- Stein, M. D., Conti, M. T., Herman, D. S., Anderson, B. J., Bailey, G. L., Noppen, D. V., & Abrantes, A. M. (2019). Worries About Discontinuing Buprenorphine Treatment: Scale Development and Clinical Correlates. *The American journal on addictions*, 28(4), 270–276. <https://doi.org/10.1111/ajad.12884>
- Connery, H. S., & Weiss, R. D. (2020). Discontinuing Buprenorphine Treatment of Opioid Use Disorder: What Do We (Not) Know?. *The American journal of psychiatry*, 177(2), 104–106. <https://doi.org/10.1176/appi.ajp.2019.19121245>
- Wermuth, L., Brummett, S., & Sorensen, J. L. (1987). Bridges and barriers to recovery: clinical observations from an opiate recovery project. *Journal of substance abuse treatment*, 4(3-4), 189–196. [https://doi.org/10.1016/s0740-5472\(87\)80013-2](https://doi.org/10.1016/s0740-5472(87)80013-2)