Suboxone and Opioid Alternatives in Chronic Pain

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Disclosures

- Physical Medicine and Rehabilitation/Pain Management physician at Kaiser Permanente (Downey, CA)
- No other disclosures

Echoes in the Office (Common Complaints)

- Chronic low back pain
- Chronic neck pain
- Chronic radiculopathy
- Fibromyalgia
- “Everything hurts but I don’t have fibromyalgia”
- “They’ve done everything but I still have pain”
- “I know my body” pain

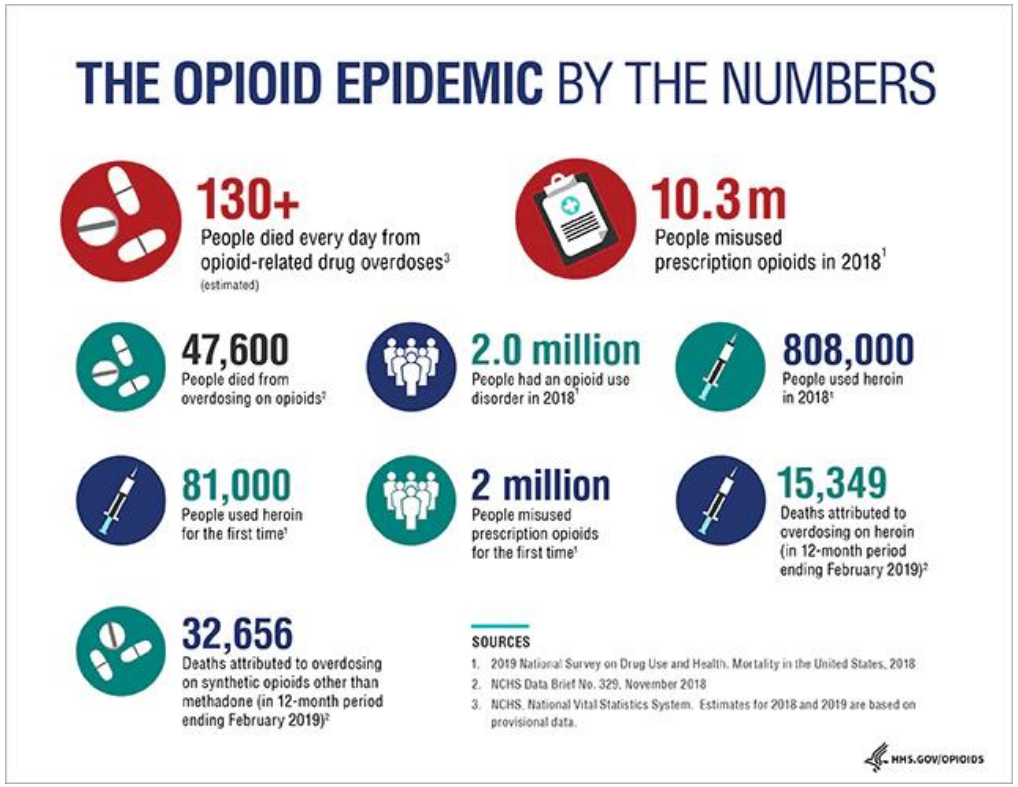
Reasons for Pain

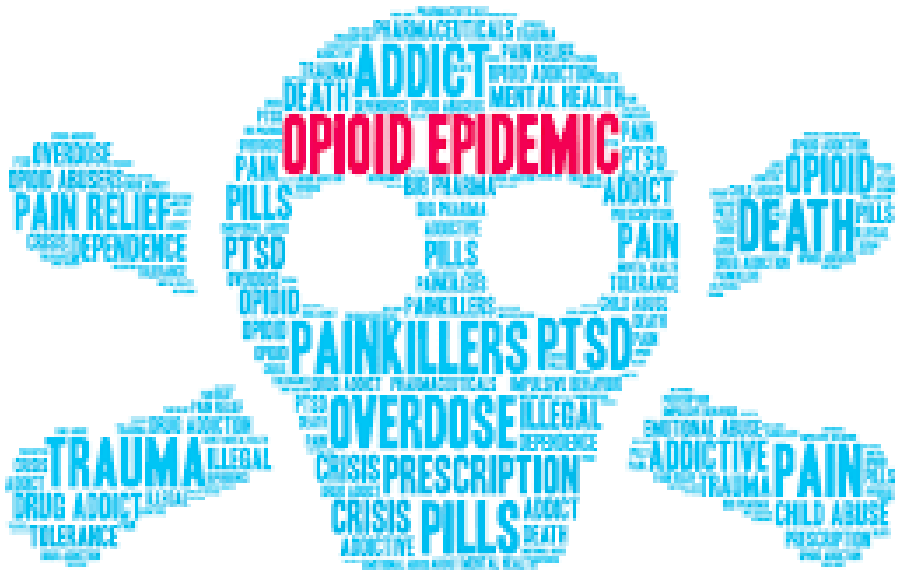
- Usually multifactorial
  - Physical ailments
    - Osteoarthritis, nerve damage, etc
    - Traumatic (e.g. MVA)
      - Previous surgeries
  - Psychosocial factors
    - Depression/Anxiety/PTSD
    - History of abuse
    - Education levels
    - Financial difficulties
  - Behavioral factors
    - Obesity
    - Drugs
    - Poor compliance

Treatment Options

- Lifestyle modifications
  - Home exercise program
  - Weight loss
  - Stress management
- Physical/Occupational Therapy
- Interventional treatments
  - Trigger point injections, regenerative medicine, cortisone, spine procedures, etc.
- Surgeries
- Multidisciplinary pain program
- Medications
  - Non-Opioid vs Opioid Treatment

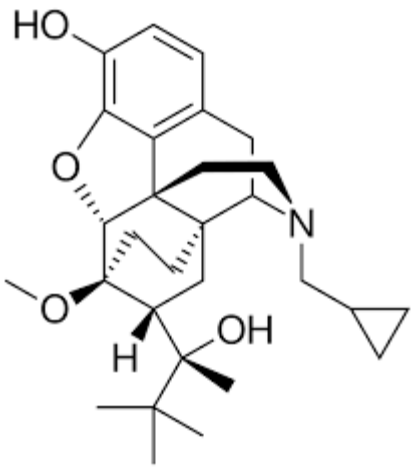
Opioid Treatment





Buprenorphine

- Partial agonist at the mu-opioid receptor
  - Lowers potential for euphoria, built-in “ceiling” effect
- Has prolonged duration of action (high affinity for the receptor)
- Also acts as an antagonist at the kappa opioid receptor
  - Lowers potential for overdose
- Suppresses withdrawal for 24-48 hours
- Peak plasma levels at ~90 minutes
- Metabolized by the liver (primarily P450 enzyme pathway)



Formulations

- Transdermal (Butrans)
- Buccal film (Belbuca)
- Sublingual (Suboxone)
- Others exist (implant, extended-release injection)

Specifics for Prescribing

- Schedule III Controlled Substance
- Need a DEA X Waiver to prescribe to more than 30 patients
  - Requires an 8 hour training course
- X Waiver no longer required to prescribe for up to 30 patients

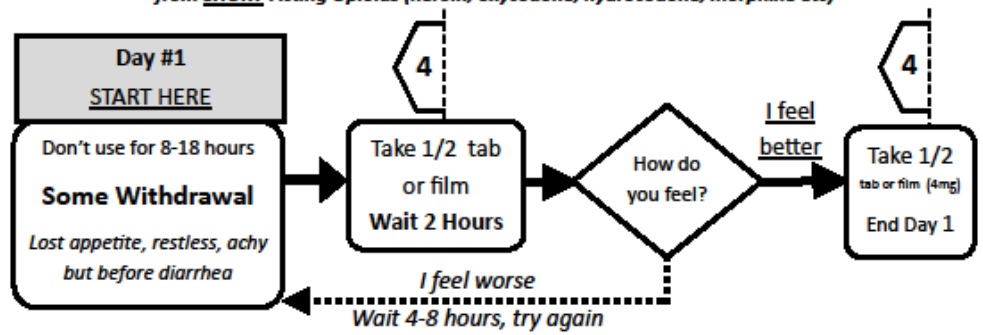
Starting Treatment

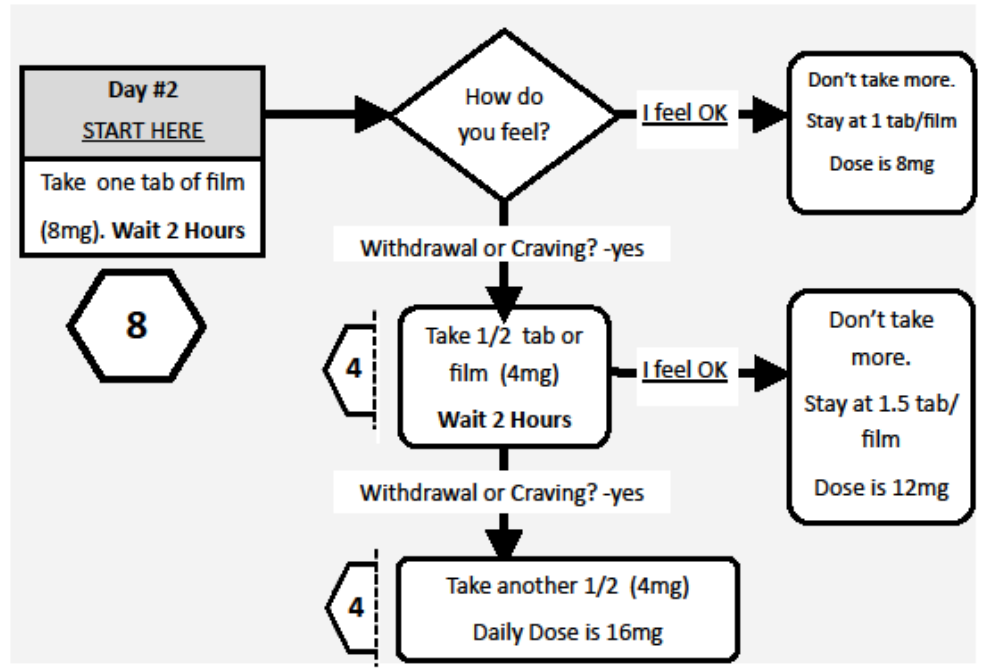
- May lead to withdrawal in patients who recently took an opioid
- Best to start at least 6 hours after last dose of short-acting opioid (longer, potentially 1-2 days after long-acting opioid)
  - At mild/moderate signs of withdrawal (moderate pain, restlessness, elevated pulse, etc)
  - Start prior to diarrhea

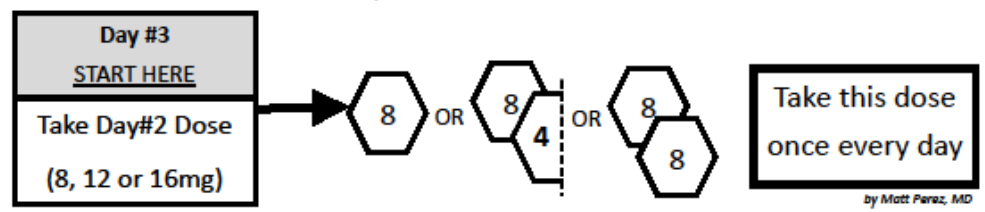
Usually wean patients to less than 90 MME before starting

How to Start Buprenorphine at Home

from SHORT-Acting Opioids (heroin, oxycodone, hydrocodone, morphine etc)







by Matt Perez, MD

Caution

- Black box warning
  - Opioid medication (risks of addiction/abuse/misuse, respiratory depression, accidental exposure, neonatal opioid withdrawal syndrome, risks with concomitant use of benzodiazepines and/or other CNS depressants)
- Potentially could prolong QTc interval
- Increased risk of seizures in patients with history of seizures
- Severe hepatic dysfunction is a contraindication

Clinical Case #1

- 42-year-old female with history of giant brain stem aneurysm s/p coiling twice over 10 years ago complicated by chronic migraines, obesity s/p bypass surgery, and anxiety/depression who presents with chronic pain affecting her entire body except the torso

Clinical Case #1 Continued

- On methadone 10mg bid + Norco 5/325mg up to four times daily for breakthrough pain (been on this for about 5 years)
- Also on concurrent benzodiazepine that was recently weaned off
- On opioids for over 10 years (tried other short acting opioids including oxycodone and long-acting opioids including morphine)
- Recent UDS positive for THC, patient openly admitted to trying it for pain
- Has 5 kids, youngest is 16 yo and dealing with addiction issues
- Strong family history of opioid use disorder
- Patient desired to be off opioids but very concerned to stop

Clinical Case #2

- 76-year-old male with history of CAD who presents with polyarthralgia including chronic atypical chest pain
- Previously on Norco 10/325mg four times daily, been on Norco for 15 years
- Tried to wean off Norco 2 years prior but pain was too severe, wished to come off but apprehensive
- Completed CBT program
- QTc interval of 414

References

- https://bcmj.org/sites/default/files/public/BCMJ_Vol60_No8_Suboxone-figure.pdf
- https://www.federalregister.gov/documents/2021/04/28/2021-08961/practice-guidelines-for-the-administration-of-buprenorphine-for-treating-opioid-use-disorder (HSS, 4/28/2021)
- UpToDate