

## Regular article

# Symptom complaints of patients prescribed either oral methadone or injectable heroin

Kenneth M. Dürsteler-MacFarland, (M.A.)<sup>a,b,\*,1</sup>, Dominique A. Fischer, (Med. Pract)<sup>a,1</sup>,  
Sandra Mueller, (M.Sc.)<sup>a</sup>, Otto Schmid, (M.A.)<sup>a</sup>, Andreas Moldovanyi, (Dr. Med.)<sup>b,c</sup>,  
Gerhard A. Wiesbeck, (Dr. Med.)<sup>a</sup>

<sup>a</sup>Psychiatric Hospital of the University of Basel, Division of Substance Use Disorders, 4025 Basel, Switzerland

<sup>b</sup>Psychiatric University Hospital Zurich, Division of Substance Use Disorders, 8002 Zurich, Switzerland

<sup>c</sup>Polyclinics for Heroin Prescription Lifeline/Crossline, City Medical Services, 8001 Zurich, Switzerland<sup>1</sup> These authors contributed equally to this study.

Received 10 July 2009; received in revised form 11 January 2010; accepted 15 January 2010

---

**Abstract**

Many methadone patients and untreated heroin users have an ambivalent attitude toward methadone maintenance. This may be a result of the widespread belief that methadone produces various side effects not found with heroin. This study compared the symptom complaints of patients on oral methadone maintenance (MMT) with those of patients prescribed injectable heroin (IHT). A convenience sample of 117 (63 MMT, 54 IHT) patients was recruited from two maintenance clinics. With the use of a self-completion questionnaire, patients were interviewed about a range of symptoms they had experienced and which, in their view, were due to maintenance substance immediately after the last 10 opioid administrations, during the previous week and previous year. The complaints of the two groups overlapped considerably with only few significant differences; these appeared related to the route of administration. IHT patients reported a larger number of complications experienced immediately after administration than MMT patients ( $p = .007$ ). From the patients' view, methadone does not produce many more or side effects very different from heroin and thus seems at least as tolerable as heroin for maintenance treatment. © 2010 Elsevier Inc. All rights reserved.

**Keywords:** Heroin; Methadone; Opioid dependence; Maintenance treatment; Symptom complaints; Side effects

---

**1. Introduction**

Methadone maintenance treatment (MMT) is the most widely used and most extensively evaluated pharmacotherapy for opioid dependence (Kreek & Vocci, 2002; Ward, Hall, & Mattick, 1999). Methadone has proven safe in doses up to 120 mg/day, with no serious adverse effects when used as indicated (Novick et al., 1993; Peles, Bodner, Kreek, Rados, & Adelson, 2007). MMT is effective in reducing heroin use (Amato et al., 2005; Ball & Ross, 1991), criminal

activity (Bell, Mattick, Hay, Chan, & Hall, 1997; Hubbard et al., 1989), mortality (Davoli et al., 1993; Grönbladh, Ohlund, & Gunne, 1990), and the transmission of infectious diseases such as HIV and hepatitis (Hartel & Schoenbaum, 1998; Sepelloni et al., 1994). In addition, heroin-dependent patients on MMT are much more likely to continue in treatment than are those in out-patient, drug-free programs or therapeutic communities (Mattick, Breen, Kimber, & Davoli, 2003; Simpson, Savage, & Lloyd, 1979). This is significant in light of the finding that longevity of treatment is a key predictor of treatment outcome (Ball & Ross, 1991; French, Zarkin, Hubbard, & Rachal, 1993; Simpson, 1979).

## 1.1. MMT as a first-line treatment in Switzerland

In Switzerland, the prescription of methadone for opioid dependence has been regulated by federal and state laws since

---

\* Corresponding author. Psychiatric Hospital of the University of Basel, Wilhelm Klein-Strasse 27, CH-4025 Basel, Switzerland. Tel.: +41 61 325 5125; fax: +41 61 325 5364.

E-mail address: [kenneth.duersteler@upkbs.ch](mailto:kenneth.duersteler@upkbs.ch) (K.M. Dürsteler-MacFarland).

<sup>1</sup> These authors contributed equally to this study.

1975. MMT is covered by health insurance and is provided by specialized clinics and office-based practitioners. It is available for opioid-dependent individuals 18 years or older who show recent opioid use on toxicology screening. No restrictions exist regarding duration of treatment and dosing of methadone, although a minimum dose of 60–80 mg/day is recommended at steady state (SSAM—Swiss Society of Addiction Medicine, 2007). However, the dosage should be tailored to the individual needs of the patient, including withdrawal symptoms, subjective comfort, and concomitant heroin use. In 2006, an estimated 17,000 patients were on MMT throughout Switzerland (Act-Info, 2007).

MMT is clearly the treatment of choice for most heroin-dependent individuals. However, not all patients respond to the same extent, and some fail to benefit from MMT. These individuals may represent just a relatively small proportion of the opioid-dependent population, but they account for a disproportionately large percentage of the drug-related problems undermining public health, the criminal justice system, and public order. Therefore, considerable effort has been devoted to identifying alternative treatment approaches to reducing harm, including the prescription of heroin itself.

### *1.2. Injectable heroin as a second-line treatment in Switzerland*

In Switzerland, medically prescribed injectable heroin (diacetylmorphine, DIAPHIN®) for opioid-dependent, treatment-refractory patients first became available in the context of the Swiss National Cohort Study undertaken from 1994 to 1996 (Uchtenhagen, Gutzwiller, Dobler-Mikola, Steffen, 1997). Although the study revealed design weakness and other limitations, heroin maintenance was deemed successful in reaching chronic heroin abusers. Retention in treatment was satisfactory with 6- and 18-month retention rates of 89% and 69%, respectively (Uchtenhagen et al., 1997). In addition, heroin maintenance was found effective in reducing illicit substance use and improving well-being, health, and social integration (Blattler, Dobler-Mikola, Steffen, & Uchtenhagen, 2002; Rehm et al., 2001). The Federal Council followed the study report's recommendations (Uchtenhagen et al., 1997) and on March 8, 1999, authorized maintenance with injectable heroin under supervised conditions as a regular treatment option for those individuals who could not benefit from or be reached by existing therapies. The Swiss criteria for this treatment are a current history of heroin dependence according to *International Statistical Classification of Diseases, 10th Revision* (WHO, 1992) of at least 2 years; a minimum age of 18 years; injection heroin use; and evidence of substantial health and/or social problems (Bundesrat, 2002). Further, participation in other approved treatments must have failed on several occasions or current health status does not allow for other treatments. In 2006, approximately 1,300 patients were enrolled in heroin maintenance across Switzerland (FOPH—Federal Office of Public Health, 2007).

### *1.3. Perceptions about methadone and heroin*

Although there has been a great increase in the popularity of MMT, misinformation about methadone remains common. Even some methadone providers misunderstand the roles of adequate dosing and long-term maintenance (D'Aunno & Pollack, 2002; Magura & Rosenblum, 2001). These providers tend to offer insufficient doses and encourage tapering to abstinence (Caplehorn, Irwig, & Saunders, 1996; D'Aunno & Vaughn, 1992) though adequate dosing and retention are key predictors of treatment success. Several studies have found that methadone is often held in low esteem by heroin users not in treatment and by MMT patients themselves (Brown, Benn, & Jansen, 1975; Hunt, Lipton, Goldsmith, Strug, & Spunt, 1985; Rosenblum, Magura, & Joseph, 1991; Stancliff, Myers, Steiner, & Drucker, 2002; Zule & Desmond, 1998). In their view, methadone is associated with difficulty in detoxifying and side effects like constipation, body aches and bone problems, sweating, sexual problems, weight changes, drowsiness, insomnia, stomach distress, and dental problems (Goldsmith, Hunt, Lipton, & Strug, 1984; Hunt et al., 1985; Longwell, Kestler, & Cox, 1979; Rosenblum et al., 1991). Of the extensive list of symptoms reported by patients, only a small fraction have been substantiated as "true" side effects of methadone based on research (Goldsmith et al., 1984; Judson & Goldstein, 1982; Kreek & Hartman, 1982). However, such preconceptions threaten to undermine the effectiveness of MMT. They may attenuate adherence to methadone and retention in treatment and may discourage heroin users from entering MMT. In contrast, heroin has a much better reputation (Goldsmith et al., 1984). Many MMT patients and heroin users believe that heroin as compared to methadone produces fewer side effects and is less damaging to health (Hunt et al., 1985). However, only a few studies have addressed the concerns about heroin's side effects among patients maintained on injectable heroin. Interestingly, a recent Swiss survey of a random sample of 127 patients prescribed heroin has shown that these patients also attribute many symptoms to heroin (Dürsteler-MacFarland et al., 2006). In the absence of a control group, however, this finding is difficult to interpret. This study sought to determine if the symptom complaints of MMT patients attributed to maintenance medication are different from those of patients prescribed injectable heroin (IHT).

## **2. Materials and Methods**

### *2.1. Study setting*

The survey was conducted at two opioid maintenance clinics of the Psychiatric Hospital of the University of Basel, Switzerland, from March 18 to 31, 2006. One clinic provides maintenance treatment involving oral opioids (mainly

Download English Version:

<https://daneshyari.com/en/article/329177>

Download Persian Version:

<https://daneshyari.com/article/329177>

[Daneshyari.com](https://daneshyari.com)