

# Prescribing Methadone



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## KEYWORDS

- Methadone • Pain management • Opioid dependence
- Methadone maintenance therapy • Opioid treatment programs
- Neonatal abstinence syndrome

## HOSPITAL MEDICINE CLINICS CHECKLIST

1. Methadone, a schedule II narcotic, can only be dispensed for the outpatient treatment of opioid dependence and detoxification by opioid treatment programs certified by the Federal Substance Abuse and Mental Health Services Administration and specially registered with the Drug Enforcement Administration.
2. Methadone can be prescribed for the treatment of chronic pain outside of opioid treatment programs.
3. Before prescribing methadone, an electrocardiogram should be obtained in any patient with risk factors for a prolonged QTc interval, a history of a QTc interval more than 450 milliseconds, or a history of ventricular arrhythmia.
4. Methadone management plans can explain how methadone will be prescribed, how its use will be monitored, and when it will be discontinued.
5. Methadone can be used in pregnancy for the treatment of pain or opioid dependence, and pregnant patients on methadone should be informed of the risk for neonatal abstinence syndrome if methadone is to be used.

## DEFINITIONS

### *What is opioid dependence?*

Opioid dependence is physiologic adaptation that can develop in individuals exposed to chronic opioid therapy. It is characterized by an opioid-specific withdrawal syndrome that can be induced by the administration of an opioid antagonist such as naloxone, the abrupt discontinuation of the drug, or with a rapid decrease in the dose.<sup>1</sup>

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### *What is opioid maintenance?*

According to the Narcotic Addict Treatment Act of 1974, opioid maintenance treatment refers to the dispensing of narcotics to treat individuals dependent on morphine-like drugs for a period of more than 21 days.<sup>2</sup> This definition can be further expanded to include comprehensive maintenance treatment, which consists of providing opioid maintenance along with medical and rehabilitation services.<sup>3</sup>

### *What is opioid detoxification?*

The Narcotic Addict Treatment Act of 1974 defined opioid detoxification as the dispensing of decreasing doses of a narcotic to alleviate withdrawal symptoms while helping the individual attain a narcotic-free state within a period of 21 days or less.<sup>2</sup> This definition has been updated to include short-term detoxification treatment, which consists of a period of less than 30 days, and long-term detoxification treatment, which consists of a period of more than 30 days but less than 180 days.<sup>3</sup>

## INDICATIONS FOR METHADONE USE

### *When should methadone be used to treat pain?*

Methadone is not indicated and is not US Food and Drug Administration approved for the treatment of acute or postoperative pain.<sup>4,5</sup> Methadone is indicated in the treatment of chronic pain. Caution needs to be used given the risk for addiction, misuse, and abuse associated with opioid medications. As such, methadone should be reserved for patients with pain that is not adequately treated with nonopioid analgesics or immediate-release opioids.<sup>4</sup>

### *How is methadone used to treat opioid dependence?*

Methadone has been used in the United States since 1950 for the management of opioid dependence.<sup>6</sup> Because of its long half-life and antagonistic action at the *N*-methyl-D-aspartate receptor<sup>4,7,8</sup> (a characteristic associated with reversal of opioid tolerance<sup>9</sup>), methadone serves an important role as an opioid substitute. The treatment of dependence occurs in 3 basic phases.<sup>10</sup> The induction phase occurs at the initiation of methadone therapy with the goals of attenuating withdrawal symptoms, diminishing cravings, and arriving at a tolerance threshold, while preventing euphoria and over-sedation. The maintenance phase occurs when the patient's dose is satisfactory and effective for at least 24 hours. This phase may last as long as treatment benefits the patient. In addition, the withdrawal or detoxification phase involves the gradual tapering of methadone once patients are ready to discontinue treatment. Dosing recommendations for each phase of therapy can be found in [Table 1](#). Appropriate candidates for opioid maintenance therapy with methadone should meet the criteria detailed in [Box 1](#).

## GOVERNMENT REGULATIONS

### *How have legal restrictions on methadone use developed over time?*

Like several other opiate medications, methadone was classified as a schedule II narcotic under the Controlled Substance Act of 1970 because of the high potential for abuse.<sup>11</sup> Further restrictions came via the Narcotic Addict Treatment Act of 1974, under which the drug became restricted to a closed system.<sup>2</sup> Prescribers and

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