OTAC Case-based Webinars

Switching between and within OATs

Tuesday 22 November 2022, 6-7pm

Dr Joshua Watt

Dr Sharon Reid

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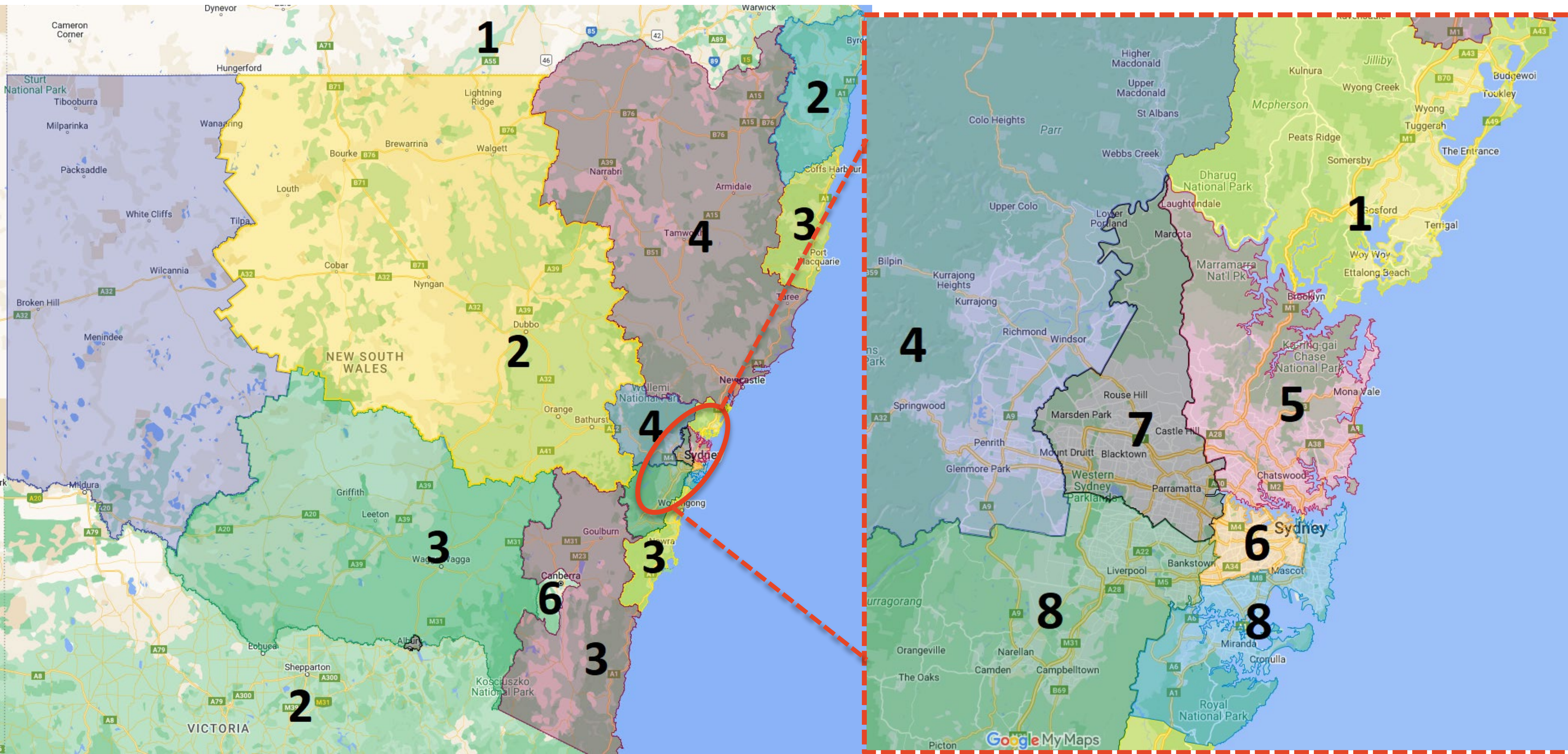
Specialty of Addiction Medicine USYD &
Drug Health Services SLHD

We acknowledge the traditional custodians of country on the lands on which we meet and recognise their continuing connection to land, waters and culture

We pay our respects to their Elders past, present and emerging

THE UNIVERSITY OF SYDNEY

Who has registered for tonight?



Aims & format of case-based webinars:

- **Overall aim:** To provide a comfortable, beneficial & continuing learning environment for OAT Prescribers in NSW.
- **Format:** Online (via Zoom) clinical case-based discussion and the provision of webinar learning resources.
- Webinars run 6-7pm monthly (February to November).
- Learning resources & certificate of participation (non-accredited) will be emailed to all participants at the end of each webinar.
- Information about the case-based webinars will be available on the OTAC website www.otac.org.au/webinars
- Webinars will involve experienced facilitators from around NSW.

Have case patient case you would like to present, or suggested OAT-CBW clinical topic?

Email: daniel.winter@sydney.edu.au

Some housekeeping…

- Keep on 'mute' unless speaking or asking questions. Put video on (if possible).
- To prepare for the case discussion have a pen & paper or an online 'notepad' so you can quickly jot down points to discuss.
- Ask questions via chat or raise your hand in Zoom for the facilitator invite you to speak. When you first speak, please introduce yourself.
- The webinar will be recorded for OTAC prescribers who can't attend so be careful not to reveal any identifying information about clinical cases or other confidential information.
- Always be considerate and polite to your online colleagues.
- Please declare to the organiser if you think you may any conflict of interest prohibiting your attendance at the webinars.

Case discussions – preparation

- We allow about 10 mins per case

  including your thinking time, jotting down notes, discussion & completing online 'before and after discussion' polls such as:

  "Case X: Would you prescribe takeaways? Yes or No"

NOW:

1. Have your pen/paper or electronic notepad ready
2. Before and After each case discussion be prepared to complete the 'pop-up' poll

Case scenario 1.

What case details are important? What else would you like to know? What would you say to the patient?

Mr AB a 38 yrs male, released from gaol 2 months ago, is currently on Depot Buprenorphine (Buvidal®) which was commenced 6 months ago while he was in gaol.

He says he does not like being on Buvidal®, because it makes him feel nauseous.

He wants to go back on Buprenorphine SL, specifically Subutex® because the gel in Suboxone® also makes him feel nauseas.

[Online poll – before and after case discussion]

Would you transfer Mr AB from Buvidal® to Subutex® as he requests?

Resource:
SL BPN and Depot BPN (Buvidal®) doses (weekly & monthly)

Dose of daily SL BPN	Dose of Buvidal® Weekly	Dose of Buvidal® Monthly
2-6 mg	8 mg	-
8-10 mg	16 mg	64 mg
12-16 mg	24 mg	96 mg
18-24 mg	32 mg	128 mg
26-32 mg	-	160 mg

Based on: Buvidal® - Australian Product Info p3 capbuvim40421[1]

Case scenario 2.

What case details are important? What else would you like to know? What would you say to the patient?

Mr KW a 29 yr male with an OUD treated with Methadone oral syrup (70mg in 14ml). He wants to transfer to Depot Buprenorphine (Buvidal®) because he has heard ‘on the street’ how ‘good’ it is and how it ‘makes you forget about using’.

[Online poll – before and after case discussion]

Would you transfer Mr KW from Methadone to Buvidal® as he requests?

Case scenario 3.

What case details are important? What else would you like to know? What would you say to the patient?

Ms ST is a 28 yr woman with Opioid Use Disorder managed with Depot Buprenorphine (Buvidal®) and has just found out she is 16 weeks pregnant. She asks if she should stop her Buvidal® because she is concerned it may affect her baby.

[Online poll – before and after case discussion]

Would you recommend Ms ST transfer to Sublingual Buprenorphine?

Resource: Depot Buprenorphine in Pregnancy

Issues to be considered in the management of pregnant women who are already on Depot Buprenorphine*

- Opioid agonist treatment (OAT) is first line treatment for opiate dependence during pregnancy.
- Optimal ante-natal care for pregnant women who are on OAT also includes regular liaison between their opiate treatment team and ante-natal team.
- Patients need to be informed and involved in decision making regarding their treatment, with discussions documented in the clinical file.

Pregnant women may choose to continue treatment with Buvidal® Weekly, Buvidal® Monthly or Sublocade® during pregnancy and breastfeeding if the benefits outweigh the risks to the pregnant woman and her baby.

Buvidal® product information, Use in pregnancy – Pregnancy Category C:

There are no or limited data from the use of buprenorphine in pregnant women.

Due to the long half-life of buprenorphine, neonatal monitoring for several days after birth should be considered to prevent the risk of respiratory depression or withdrawal syndrome in neonates.

Buprenorphine should be used during pregnancy if the potential benefit outweighs the potential risk to the foetus.

*Based on Buvidal® product information[1] and the Depot BPN Guidelines[2] Pregnancy statement checklist – accessed Nov 2022

Case scenario 4.

What case details are important? What else would you like to know? What would you say to the patient?

Ms AB a 28 years woman, prescribed monthly Sublocade® 300mg injection for the management of opioid dependence associated with chronic pain in her left ankle (about 10 years previously she sustained a severe fracture-dislocation of her left ankle following a skiing accident).

Ms AB is due for her monthly injection but the pharmacist has advised there is a short-term (at least two weeks) Sublocade® supply problem.

[Online poll – before and after case discussion]

Would you prescribe Buvidal® 128mg instead of her usual Sublocade® 300mg injection?

Resource: Transfers from Sublocade® to Buvidal® & Buvidal® to Sublocade®

Transfer from Sublocade® to Buvidal ®

Patients on stable Sublocade® 300mg monthly doses should transfer to Buvidal® Weekly 32mg or Buvidal® Monthly 128mg.

Patients may experience a decrease in serum BPN levels and may experience opiate withdrawal and/or cravings following transfer to Buvidal ®, although this is unlikely to occur given the long half-life of Sublocade®.

Patients on steady Sublocade® 100mg monthly doses should not experience a significant decrease in serum BPN levels when transferring to Buvidal® Weekly or Buvidal® Monthly. Commence at Buvidal® Weekly 24mg or Buvidal® Monthly 96mg and titrate doses up or down as clinically indicated.

Transfer from Buvidal® to Sublocade®

Patients on Buvidal® Weekly or Buvidal® Monthly should be transferred to 100mg Sublocade® doses.

In most cases, as the patient already should have adequate BPN plasma levels, the two 300mg 'induction' Sublocade® doses should not usually be required. If patients experience significant opioid cravings or withdrawal on this regimen, titrate up to the Sublocade® 300mg dose (see section on Key principles in titrating depot BPN doses – adjusting dose and frequency of doses (CS)).

From: Depot BPN Guidelines[2] p 31-32

In summary:

- Consideration of patient preferences, being guided by guidelines, understanding of the risks, benefits and processes involved in switching OAT, and knowing when to seek specialist advice is key.

- How to get specialist advice:
  - Contact your local AOD service
  - Ring DASAS (Drug & Alcohol Specialist Advisory Service)

DASAS operates 24 hours a day, 7 days a week.

DASAS is funded by NSW Health and managed by St Vincent's Hospital Alcohol and Drug Service in Sydney.

Contact DASAS:

Within Sydney Metropolitan Area: (02) 8382-1006
Regional, Rural & Remote NSW: 1800 023 687*

https://www.svhs.org.au/our-services/list-of-services/alcohol-drug-service/drug-alcohol-specialist-advisory-service

The End

Thank you for your contribution

See you next time

OTAC Case-Based Webinar February 2023

(Generally, 4th Tuesday/month Feb-Nov)

Have any clinical questions, patient cases you would like to discuss, or suggested OAT clinical topics?

Email: daniel.winter@sydney.edu.au

References:

1. Buvidal® - Australian Product Information Buvidal® Monthly p3 accessed at https://apps.medicines.org.au/files/capbuvim.pdf on 14 November 2022.
2. Lintzeris N, Dunlop A, Masters D (2019) Clinical guidelines for use of depot buprenorphine (Buvidal® and Sublocade®) in the treatment of opioid dependence. NSW Ministry of Health, Sydney Australia.