

Nonpharmacologic Interventions Ameliorate Opioid Withdrawal Symptoms and Signs in Opioid-Dependent Adults

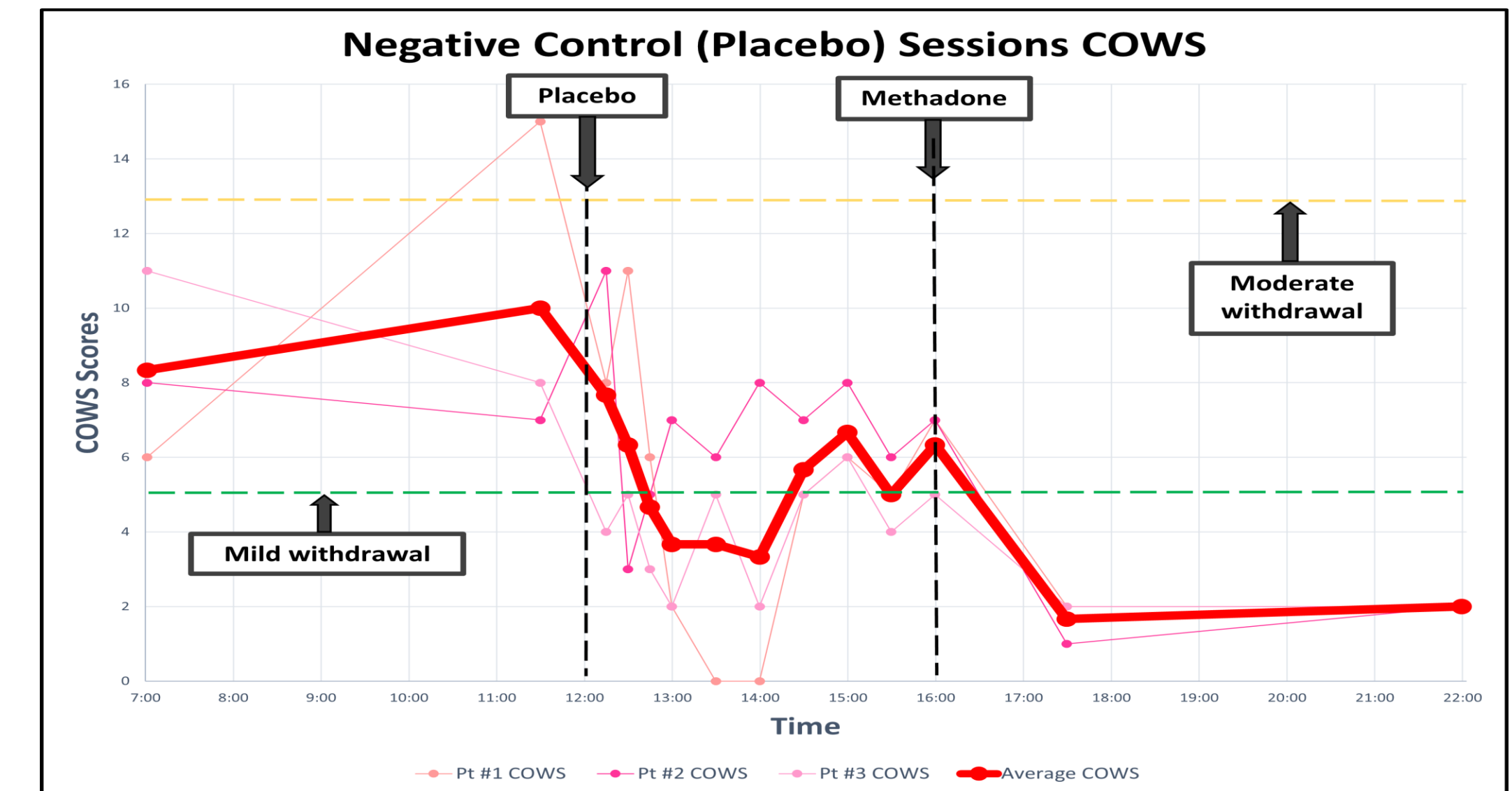
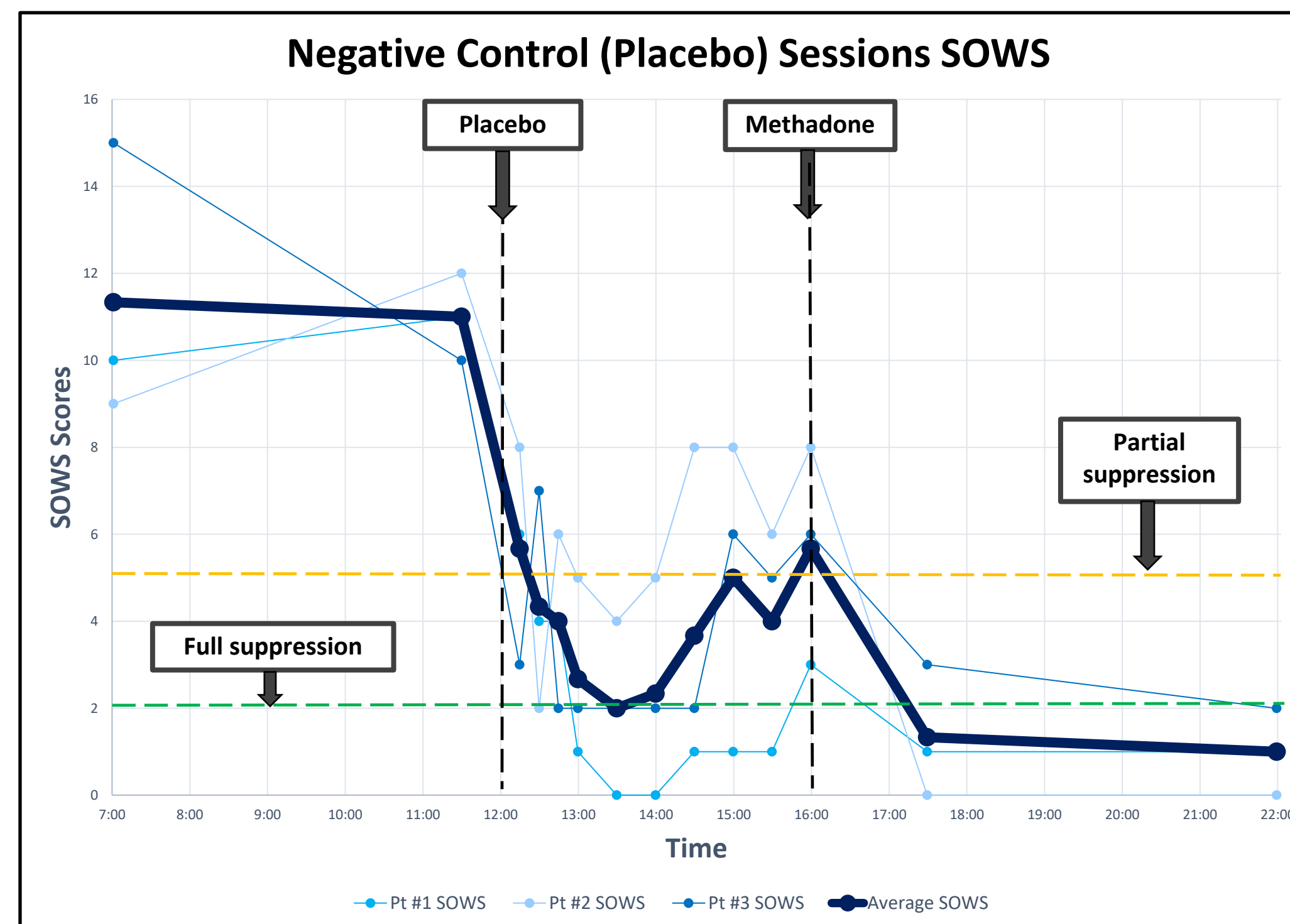
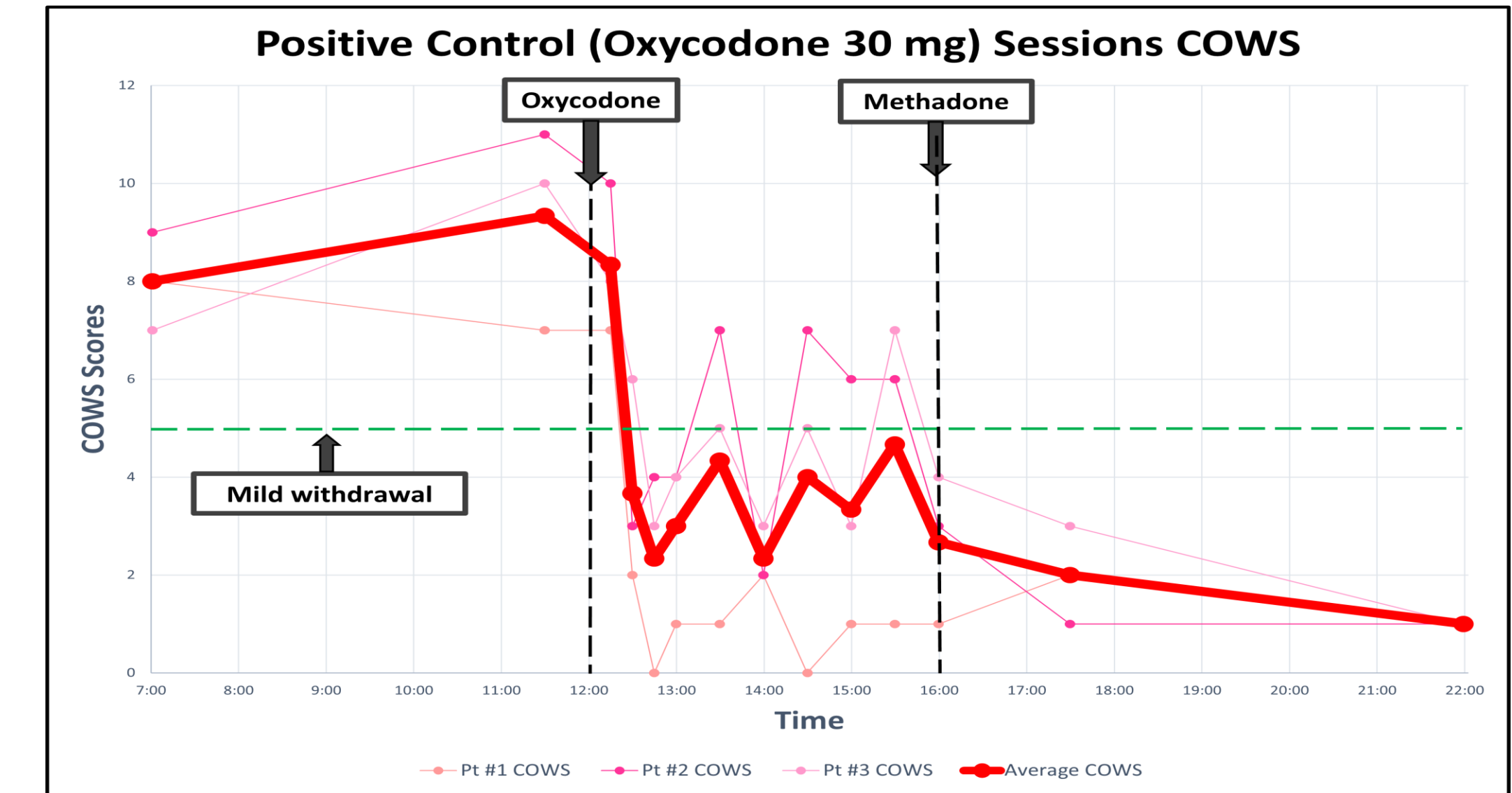
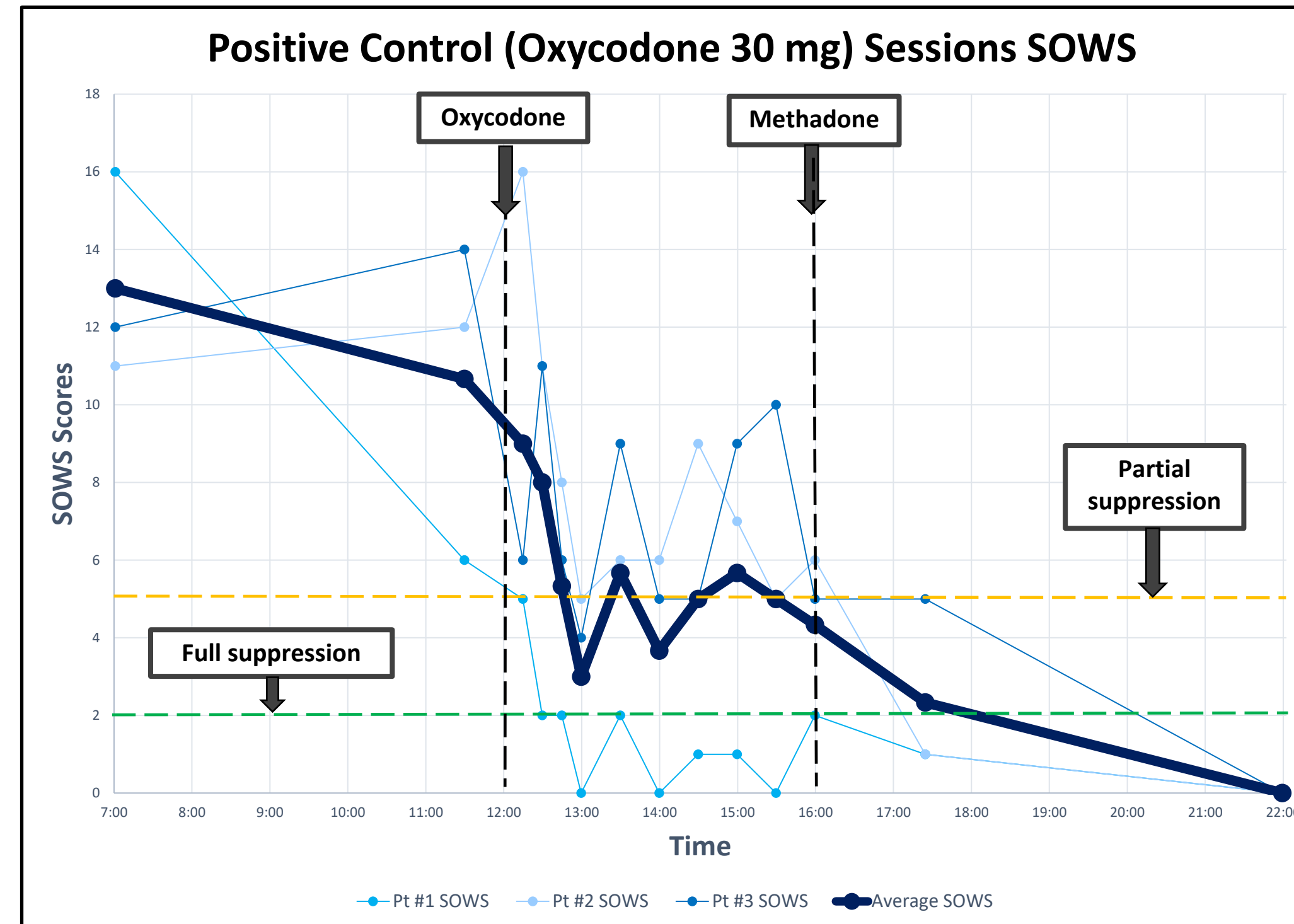
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INTRODUCTION

- Recommendations for treating mild-to-moderate opioid withdrawal include opioid agonist therapy (OAT) and adjunctive medications for symptom control.
- There is little literature guidance about providing non-pharmacological interventions as adjunctive therapy for people in opioid withdrawal.

METHODS

- This is a case series of three methadone-maintained patients with opioid use disorder who were enrolled in a single-blind clinical trial pilot for a potential new OAT.
- Each patient's usual methadone dose was withheld for two consecutive days to produce moderate opioid withdrawal prior to each study session.
 - Moderate withdrawal was defined as 11-20 on the Subjective Opiate Withdrawal Scale (SOWS: symptoms). We also used the Clinical Opiate Withdrawal Scale (COWS: symptoms and signs).
 - We observed the clinical course after patients received the study drug, a negative control (placebo) or a positive control (oxycodone). Patient #1 received one dose of acetaminophen.
 - All patients also received nonpharmacological interventions: a fan, dim lighting, cold water, recumbent positioning.
 - Full suppression was defined as SOWS=0-2, while partial suppression was defined as SOWS=3-5.



CONCLUSIONS

- After receiving either oxycodone or placebo, all three patients showed improvement in both their subjective SOWS scores and objective components of their COWS.
- Nonpharmacological relief measures administered with placebo caused partial suppression of opioid withdrawal signs and symptoms and should be considered as adjunctive therapy for patients in opioid withdrawal.

	Patient #1	Patient #2	Patient #3
Patient History	41 y/o M w/ OUD, cocaine, amphetamine use	41 y/o F w/ OUD, cocaine, sedative, tobacco use, depression, hypothyroid	59 y/o M w/ PMH OUD, cannabis use, chronic joint pain
Baseline Methadone Dose	120 mg	120 mg	115 mg