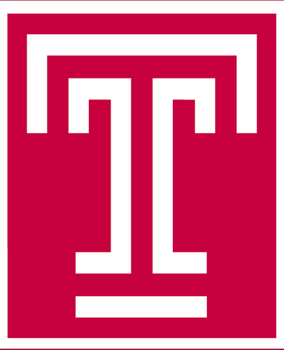
Getting Well: Expanding Tools to Treat Opioid Use Disorder In the Hospital



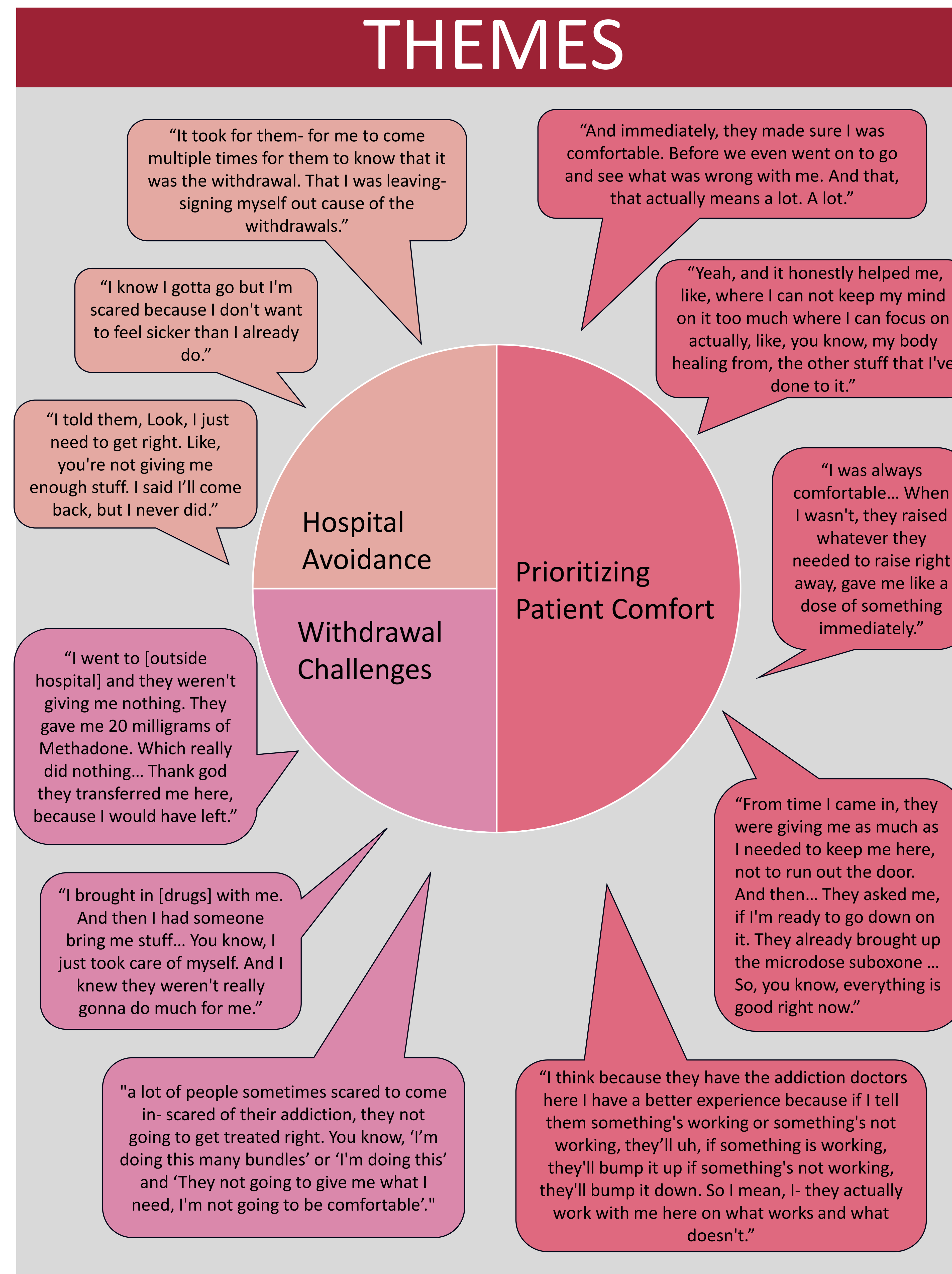
INTRODUCTION

- Patients with opioid use disorder (OUD) often leave the hospital before the completion of medical therapy due to inadequate treatment of withdrawal and pain.
- Guidance for the inpatient management of opioid withdrawal is the initiation of methadone or buprenorphine. Both are highly effective for reducing use and decreasing mortality. However, with highly potent synthetic opioids dominating the street supply, these medications can be less effective in stabilizing pain and withdrawal early in the hospitalization.
- One approach involves **expanding the array of opioid medications available to hospitalized patients with OUD to include both long and short-acting formulations.** This may be accomplished by giving patients a fixed, basal dose of long-acting opioids, and supplementing with bolus dosing of short acting, as needed opioids throughout the day. These medications can be rapidly titrated to signs and symptoms of opioid withdrawal.
- The advantage is the ability to start at high and therapeutic doses to rapidly control withdrawal symptoms and maintain patient comfort in order to facilitate completion of their hospital stay as well as transition to MOUD.
- There is limited data on the patient-reported outcomes and perspectives of such an approach.

METHODS

- Semi-structured interviews with 15 English-speaking patients hospitalized with OUD at a tertiary care hospital.
- All patients were treated by an addiction medicine consultation team with long-acting opioids for at least three days.
- Interviews were transcribed, coded, and analyzed for themes.

THEMES



CONCLUSION

- The current standards of care for hospitalized patients with OUD are inadequate, resulting in brief and inefficient inpatient admissions.
- Our existing tools, buprenorphine and methadone, are safe and highly effective, but with the rising potency of opioids patients can benefit from supplementation with higher dose long and short acting opioid agonist medications in the early period of hospitalization.
- This approach serves to stabilize acute withdrawal symptoms, facilitate continued hospitalization as indicated, and ultimately function as a bridge to evidence-based MOUD.
- This expansion of the toolbox to treat patients with OUD gives providers the flexibility to respond to patient needs, promoting patient-centered care and minimizing barriers to effective hospital-based care.

AUTHORS & DISCLOSURES

- Olivia Duffield; Lewis Katz School of Medicine at Temple University; Nothing to disclose
- Dr. Sam Stern; Lewis Katz School of Medicine at Temple University Hospital; Nothing to disclose
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REFERENCES

- Simon R, Snow R, Wakeman S. Understanding why patients with substance use disorders leave the hospital against medical advice: a qualitative study. *Subst Abus.* 2020;41(4): 519-525. doi: 10.1080/08897077.2019.1671942
- Harris M. Normalised pain and severe health care delay among people who inject drugs in London: Adapting cultural safety principles to promote care. *Soc Sci & Med.* 2020;260:113-183. doi: 10.1016/j.socscimed.2020.113183
- McNeil R, Small W, Wood E, Kerr T. Hospitals as a 'risk environment': An ethno-epidemiological study of voluntary and involuntary discharge from hospital against medical advice among people who inject drugs. *Soc Sci Med.* 2014;105: 59-66. doi: 10.1016/j.socscimed.2014.01.010
- Mattick RP, Breen C, Kimber J, Davoli M. Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence. Cochrane Database Syst Rev. 2014;(2): CD002207. DOI: 10.1002/146
- Thakrar, AP, Uritsky, TJ, Christopher, C. et al. Safety and preliminary outcomes of short-acting opioid agonist treatment (sOAT) for hospitalized patients with opioid use disorder. Addict Sci Clin Pract. 2023;18(13). doi: 10.1001/jamainternmed.2021.811151858.CD002207.pub4.

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