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 "And immediately, they made sure I was "It took for them- for me to come comfortable. Before we even went on to go multiple times for them to know that it and see what was wrong with me. And that, was the withdrawal. That I was leavingthat actually means a lot. A lot." signing myself out cause of the "Yeah, and it honestly helped me, "I know I gotta go but I'm like, where I can not keep my mind scared because I don't want on it too much where I can focus on to feel sicker than I already actually, like, you know, my body healing from, the other stuff that I've done to it." "I told them, Look, I just need to get right. Like, you're not giving me "I was always enough stuff. I said I'll come comfortable... When back, but I never did." I wasn't, they raised Hospital whatever they Avoidance needed to raise right **Prioritizing** away, gave me like a **Patient Comfort** dose of something Withdrawal immediately." "I went to [outside Challenges hospital] and they weren't giving me nothing. They gave me 20 milligrams of Methadone. Which really did nothing... Thank god they transferred me here, "From time I came in, they because I would have left." were giving me as much as I needed to keep me here, not to run out the door. "I brought in [drugs] with me. And then... They asked me, if I'm ready to go down on And then I had someone bring me stuff... You know, I it. They already brought up just took care of myself. And I the microdose suboxone. So, you know, everything is knew they weren't really gonna do much for me." good right now." "I think because they have the addiction doctors "a lot of people sometimes scared to come here I have a better experience because if I tell in- scared of their addiction, they not them something's working or something's not going to get treated right. You know, 'I'm working, they'll uh, if something is working, doing this many bundles' or 'I'm doing this' they'll bump it up if something's not working, and 'They not going to give me what I they'll bump it down. So I mean, I- they actually need, I'm not going to be comfortable'." work with me here on what works and what doesn't."

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.

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