

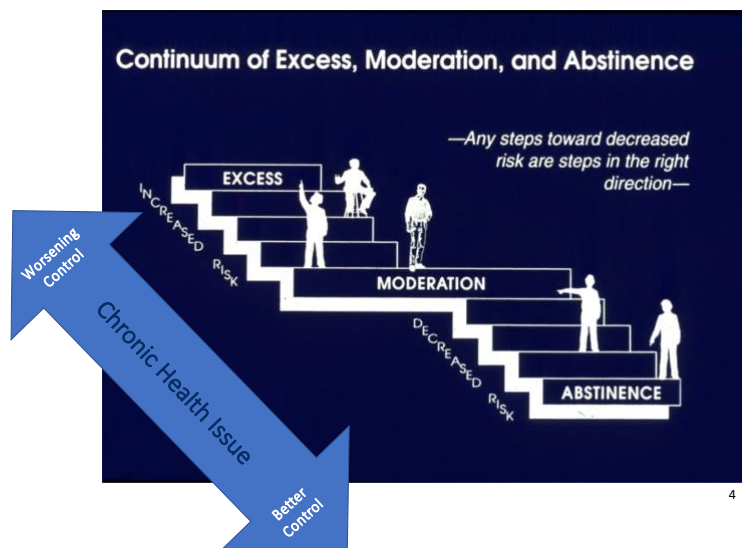
# Compassionate Care For Opioid Use Disorders (OUD)

## Treatment of OUD as a Chronic Health Issue

Like other chronic conditions, cyclical periods of better control and worsening control are expected with OUD. <sup>1</sup>

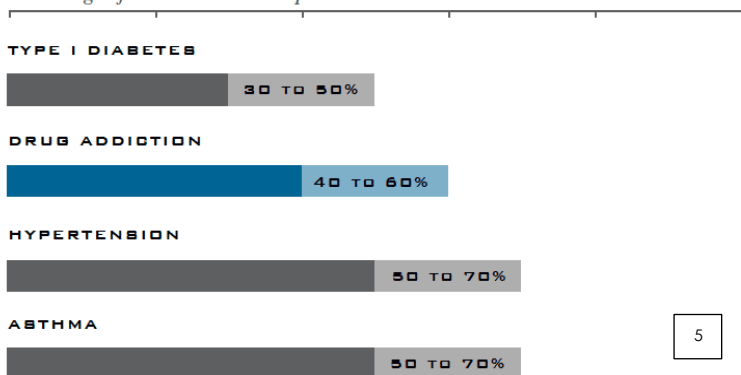
Every step taken to decrease opioid use and/ or address unsafe conditions decreases risk of overdose. <sup>2,3</sup>

Steps up and down the continuum of excess, moderation and abstinence are expected as with all chronic diseases. <sup>1</sup>



## Relapse Rates For Drug Addiction Are Similar to Other Chronic Illnesses

Percentage of Patients Who Relapse



Relapse rates for drug addiction are 40-60%, compared to 50-70% in hypertension and asthma. <sup>5</sup>

Despite increases in treatment providers, most people who seek help for a severe substance use disorder have difficulty accessing care: Many who do access care do not find evidence-based and the appropriate level of care. <sup>6</sup>

## New Hampshire Addiction Treatment and Recovery Resources

- NH Alcohol and Drug Treatment Locator ([www.nhtreatment.org](http://www.nhtreatment.org))
- The Doorway ([www.thedoorway.nh.gov](http://www.thedoorway.nh.gov))
- 2-1-1 NH Hotline (information & referral service)
- Anyone. Anytime. New Hampshire ([www.anyoneanytimenh.org](http://www.anyoneanytimenh.org))
- New Hampshire Recovery Hub ([www.therecoveryhub.org](http://www.therecoveryhub.org))
- The Recovery Friendly Workplace Initiative ([www.recoveryfriendlyworkplace.com](http://www.recoveryfriendlyworkplace.com))

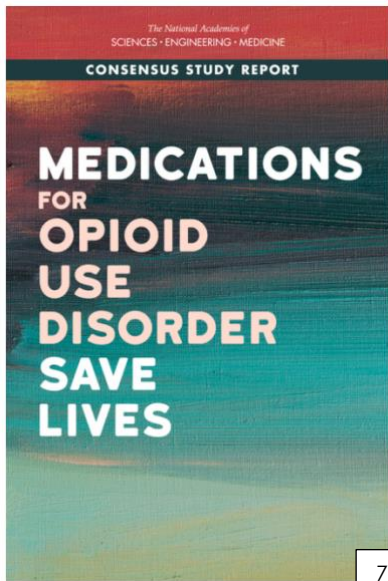


### References

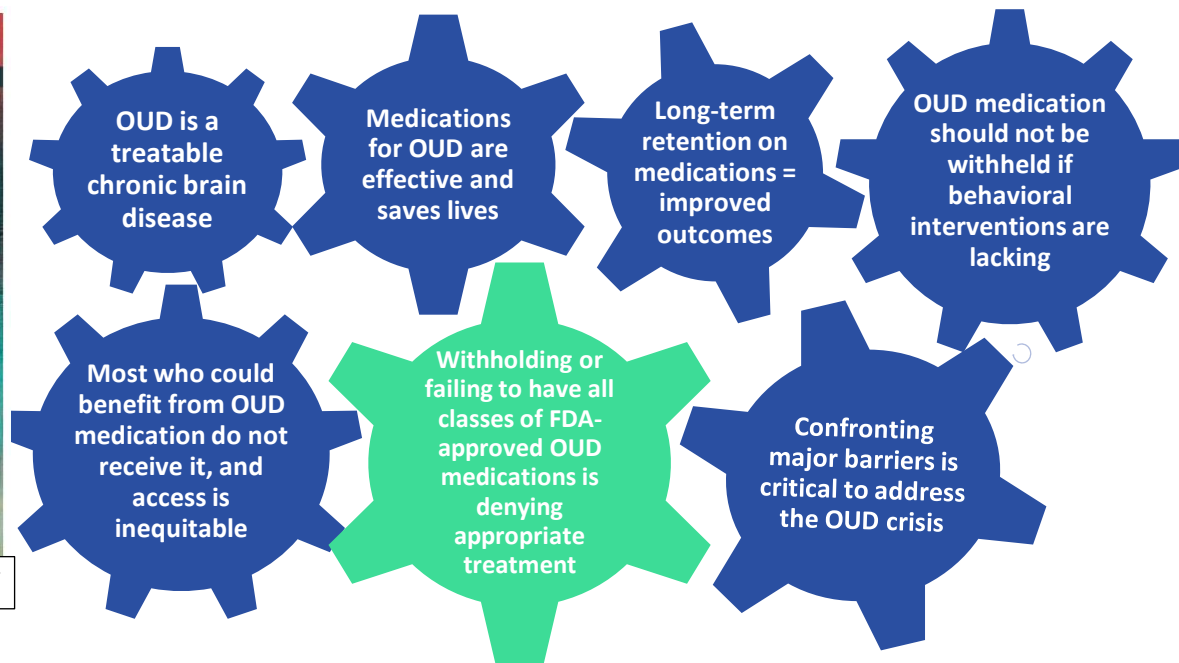
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# Compassionate Care: Medications Save Lives

Key Findings from The National Academy of Sciences, Engineering, and Medicine Consensus Study  
Report Conclusions on the current state of Medications for OUD <sup>7</sup>



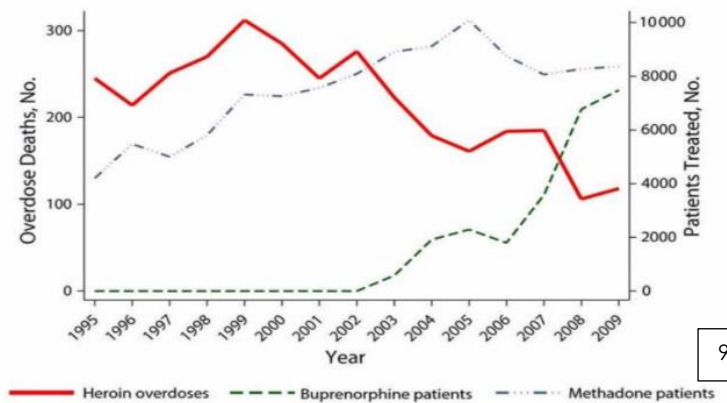
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## Benefits of Medication Assisted Treatment (MAT) for OUD:

- ↓ Opioid related overdose death, particularly with buprenorphine <sup>8</sup>
- ↓ Illicit opioid use <sup>8,9</sup>
- ↓ Criminal activity <sup>8,9</sup>
- ↓ Infectious disease transmission (HIV and Hepatitis C) <sup>8</sup>
- ↑ Social functioning and retention in treatment <sup>8</sup>

**MAT REDUCES HEROIN OD DEATHS**



9

## Resources for MAT and Buprenorphine Waiver Training

**Providers Clinical Support System (PCSS)** <https://pcssnow.org>

- Training on OUD and chronic pain, educational resources, and clinical mentoring

## Buprenorphine Waiver Training:

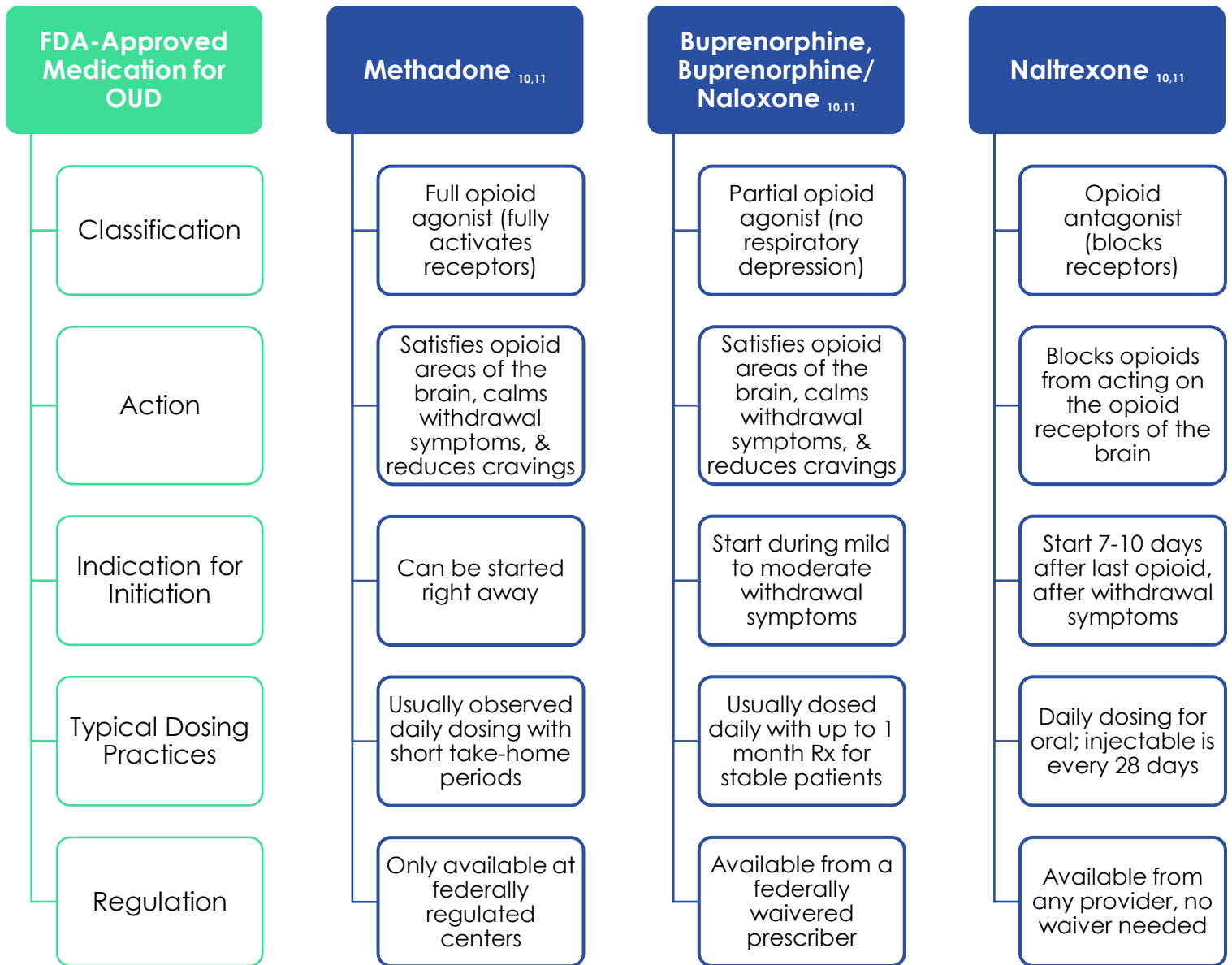
- Substance Abuse and Mental Health Services Administration (SAMHSA) <https://www.integration.samhsa.gov/clinical-practice/mat/mat-overview>
- New Hampshire Medical Society <https://www.nhms.org/buprenorphine-waiver-training>



# Compassionate Care: Medications for OUD

*“Being able to prescribe buprenorphine to individuals who are living with an opioid addiction has been one of the more rewarding things I have done in my practice of family medicine.” –Ruth James, MD (New Hampshire)*

## Medication Assisted Treatment (MAT) Options for OUD:



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# Compassionate Care: Manage Symptoms of Opioid Withdrawal

Discussion of a person's prominent symptoms of opioid withdrawal is important to engage individuals in care. Providers have found the following medications useful:

\*The following medications are intended to be considered for their management of a particular symptom experienced in opioid withdrawal and unless noted are not FDA approved for opioid withdrawal management specifically.

**Rx** = Prescription Medication

**OTC** = Over the Counter Medication

<b>Anxiety/Sweating</b> 	<ul style="list-style-type: none"> <li>• <b>Clonidine</b> (Rx) start 0.1 mg by mouth every six hours PRN, not more than 0.4 mg/ day Avoid if blood pressure is &lt;90/&lt;50 mm Hg or heart rate is &lt;50 bpm <sup>12</sup></li> <li>• <b>Lofexidine</b> (Rx) Start 3 (0.18 mg) tablets every 5-6 hr as needed (max 16 tablets/day) Taper dose over 2-4 days to stop [Only FDA approved med for opioid withdrawal] <sup>13</sup></li> </ul>
<b>Insomnia</b> 	<ul style="list-style-type: none"> <li>• <b>Trazodone</b> (Rx) 50-100 mg by mouth at bedtime <sup>12,14</sup></li> </ul>
<b>Diarrhea</b> 	<ul style="list-style-type: none"> <li>• <b>Loperamide</b> (OTC) 4mg by mouth initially, then 2mg with loose stools (max 16mg/day) <sup>12,14</sup></li> <li>• <b>Bismuth subsalicylate</b> (OTC) 524mg by mouth every 30min-1 hr <sup>12,14</sup></li> </ul>
<b>Nausea/vomiting</b> 	<ul style="list-style-type: none"> <li>• <b>Ondansetron</b> (Rx) 4mg by mouth every 8 hours as needed <sup>12,14</sup></li> <li>• <b>Promethazine</b> (Rx) 25mg by mouth or rectally every 6 hours as needed <sup>12,14</sup></li> <li>• <b>Prochlorperazine</b> (Rx) 5-10mg by mouth every 4 hours as needed <sup>12,14</sup></li> </ul>
<b>Abdominal cramping</b> 	<ul style="list-style-type: none"> <li>• <b>Dicyclomine</b> (Rx) 20mg by mouth every 6-8 hours as needed <sup>12,14</sup></li> </ul>
<b>Muscle cramping</b> 	<ul style="list-style-type: none"> <li>• <b>Cyclobenzaprine</b> (Rx) 5-10mg by mouth 3 times a day as needed <sup>14</sup></li> <li>• <b>Tizanidine</b> (Rx) 2 mg by mouth every 6-8 hours as needed <sup>12,14</sup></li> <li>• <b>Methocarbamol</b> (Rx) 750 mg by mouth every 6 hours as needed <sup>14</sup></li> </ul>
<b>Runny nose/ Itching</b> 	<ul style="list-style-type: none"> <li>• <b>Diphenhydramine</b> (OTC) 25-50mg by mouth every 4-6 hours as needed <sup>12,14</sup></li> <li>• <b>Hydroxyzine</b> (Rx) 25-50mg by mouth every 6-8 hours as needed <sup>12,14</sup></li> </ul>
<b>Pain</b> 	<ul style="list-style-type: none"> <li>• <b>Acetaminophen</b> (OTC) 650mg by mouth every 6 hours as needed (max 4,000mg/ day) <sup>12,14</sup></li> <li>• <b>Ibuprofen</b> (OTC) 400-800mg by mouth every 6-12 hours as needed (2,400mg/ day) <sup>12,14</sup></li> </ul>
<b>Heartburn</b> 	<ul style="list-style-type: none"> <li>• <b>Famotidine</b> (OTC) 40mg by mouth every 8 hours as needed <sup>14</sup></li> <li>• <b>Calcium carbonate</b> (OTC) 2-3 tabs by mouth as needed, maximum 15 tabs in 24 hours <sup>14</sup></li> </ul>

## References

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