

TRANSFERRING PATIENTS FROM METHADONE TO BUPRENORPHINE: THE DEVELOPMENT AND EVALUATION OF PRACTICE GUIDELINES

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Introduction and Aims: There is a lack of documented evidence or practical clinical guidelines to assist clinicians and clients transferring from methadone to buprenorphine, particularly at doses routinely used by most methadone clients (>40mg). The aim of this study was to implement and evaluate clinical guidelines that describe approaches to the transfer of patients from methadone to buprenorphine.

Design and Methods: This project was a multi-site prospective cohort study. Participants (N=23) were patients receiving methadone maintenance therapy who wished to transfer to Suboxone®. The trial phases included: (1) methadone phase prior to transfer; (2) transfer phase; (3) Suboxone phase (up to 90 days). Participants completed research interviews prior to and following the transfer - assessing reasons for transfer, changes in substance use, side effects and health outcomes, and experiences of the transfer, including precipitated withdrawal.

Results: Quality of life and mental health scores significantly improved after transfer. 73% of clients preferred Suboxone over methadone at one month follow up. Significantly fewer clients reported 28 day injecting behaviour 3 months following transfer. Precipitated withdrawal occurred in a small number of clients, with the majority of these coming from higher dose transfers.

Discussions and Conclusions: Transfer clients predominantly preferred Suboxone to methadone and experienced a range of improvements in substance use and health. Whilst a small number of clients experienced precipitated withdrawal, the majority of clients underwent successful transfers without complication.

Implications for Practice or Policy: Implications for clinical guidelines will be discussed.

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