MEDICATIONS FOR OPIOID USE DISORDER

Treating Precipitated Withdrawal

mosaic GROUP

Defining Precipitated Withdrawal

Precipitated withdrawal refers to the rapid onset of opioid withdrawal symptoms immediately after administering a partial opioid agonist (e.g., buprenorphine) or an opioid antagonist (e.g., naltrexone, naloxone).

Precipitated Withdrawal Symptoms

- Myalgia
- Nausea and vomiting
- Diarrhea
- Abdominal cramps
- Yawning
- Agitation and restlessness
- Rhinorrhea/lacrimation
- Piloerection
- Mydriasis

This condition can occur when transitioning to MOUD too soon after the last opioid use, particularly with buprenorphine.

Challenges with Fentanyl

The presence of fentanyl, a potent synthetic opioid, complicates buprenorphine initiation:

- Fentanyl binds strongly to opioid receptors.
- Buprenorphine, as a partial agonist, has a higher receptor affinity and displaces fentanyl.
- This displacement can trigger severe withdrawal symptoms.
- Fentanyl is fat-soluble and stored in fatty tissues, making it difficult to predict when it is safe to begin buprenorphine.

Avoiding Precipitated Withdrawal

Timing Guidelines

- Delay buprenorphine initiation for at least 24 hours after last use of fentanyl.
- Delay for 36-48 hours after last use of methadone.

Patient Counseling

- Advise patients to wait until they are in moderate to severe withdrawal before taking buprenorphine.
- Explain the slow-release properties of fentanyl to emphasize the need for delay.

Naltrexone (Vivitrol)

- Patients should be completely abstinent from any opioids or MOUD for a minimum of 7 days before starting.

Treating Precipitated Withdrawal

If a patient experiences precipitated withdrawal, advise them to contact you immediately.

Treatment Options

- **Increase buprenorphine dosage:** Administer repeat doses of 4 mg - 8 mg every 15-30 minutes until symptoms subside.
- **Prescribe Clonidine** (0.1 mg every 8 hours; caution regarding hypotension).
- **Provide an antiemetic for nausea.**
- **Recommend NSAIDs** for joint and muscle pain.
- **Revert to full opioid agonists:** Discontinue buprenorphine and consider immediate warm handoff to a community-based opioid treatment program offering methadone.

Reassurance and Symptomatic Medication

- Not advised due to minimal effectiveness and overdose risk.