



UW PACC

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

WHEN TO CONSIDER STOPPING BUPRENORPHINE

SAM RUSSELL, MD

“HEY DOC...”

*I want to stop taking suboxone, what do you think?

“Why do you want to stop?”

- “I don’t like being addicted.”
- “I feel like I’m just dependent on you now.”
- “I feel like less of a man.”
- “I feel like a loser.”
- “I want to beat this.”
- “I want to be able to go on vacation for more than a month.”

What reasons have you heard?



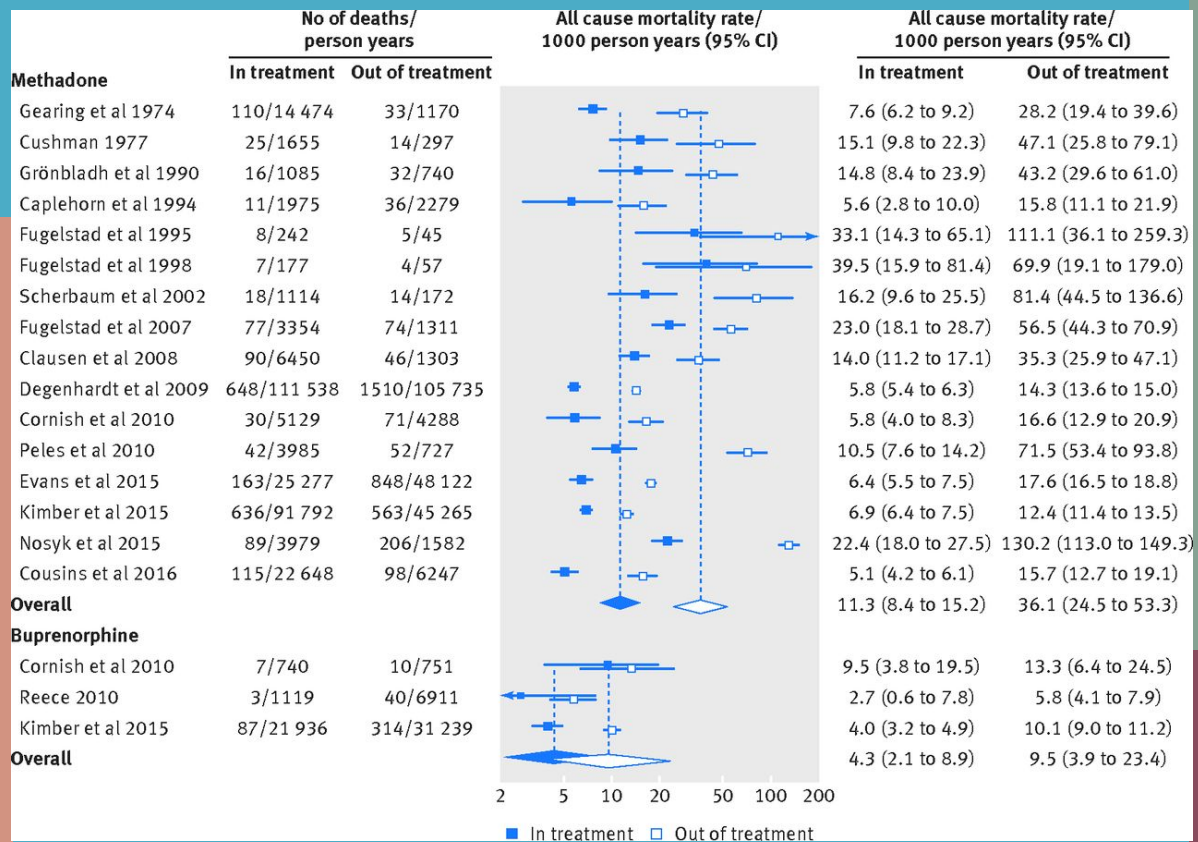
THE BALANCING ACT OF MOTIVATIONAL INTERVIEWING



The risk? Death.

Sordo, et al, 2017 compiled this metanalysis on mortality for methadone and buprenorphine in and out of treatment.

The results are fairly straightforward



ALL CAUSE

“all cause mortality rates in the three buprenorphine cohorts were 4.3 and 9.5 deaths^{~2x} per 1000 person years in and out of treatment”

“pooled all cause mortality rates were 11.3 and 36.1 deaths per 1000 person years in and out of^{3x} methadone treatment, respectively”

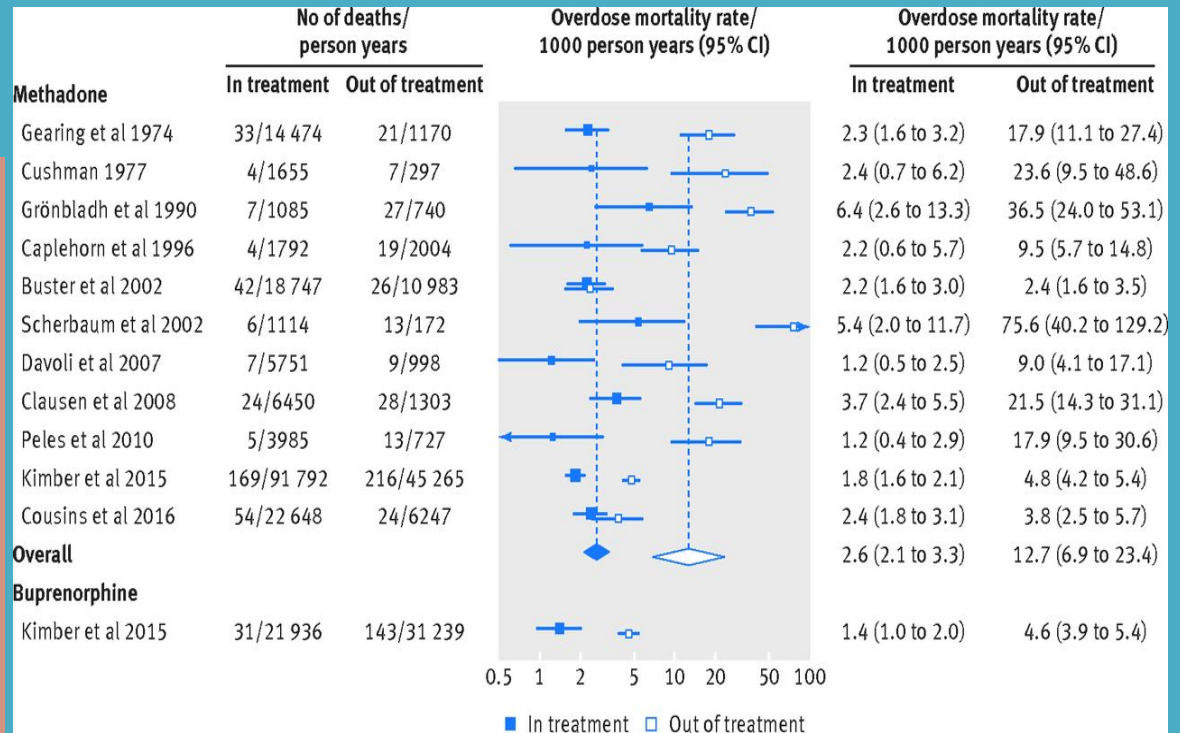
Why are these numbers so different?



What about overdose mortality?

“In the single buprenorphine cohort there were 1.4 and 4.6 fatal overdoses per 1000 person years in and out of treatment”

“...pooled overdose mortality rates varied between 2.4 and 2.8 fatal overdoses per 1000 person years in methadone treatment and between 10.6 and 14.9 fatal overdoses per 1000 person years out of treatment.”



IN AGGREGATE

All cause mortality:

- Buprenorphine: ~2x the all cause mortality per 1000 people years.
- Methadone: ~3x more all cause mortality per 1000 people years.

Overdose mortality:

- Buprenorphine: ~4x more likely to die of overdose.
- Methadone: ~5x more likely to die of overdose



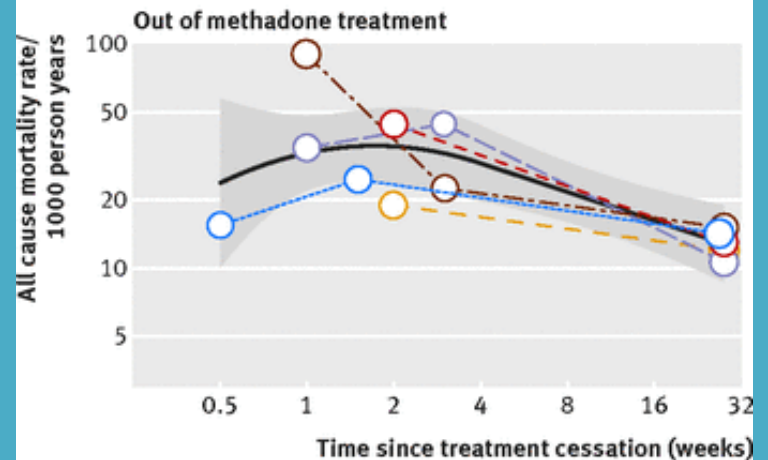
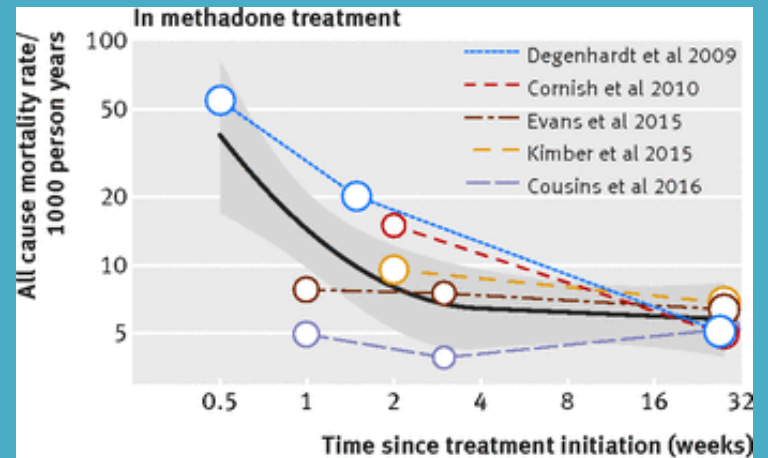
When do people die?

Where is the bupe?

	No of deaths/ person years		Overdose mortality rate/ 1000 person years (95% CI)	Overdose mortality rate/ 1000 person years (95% CI)	
	In treatment	Out of treatment		In treatment	Out of treatment
Methadone, first four weeks					
Buster et al 2002	9/1500	2/1300			6.0 (2.7 to 11.4)
Kimber et al 2015	18/3344	10/1836			5.4 (3.2 to 8.5)
Cousins et al 2016	4/3371	8/1181			1.2 (0.3 to 3.0)
Overall					3.5 (1.3 to 9.5)
Methadone, after four weeks					
Buster et al 2002	33/17 200	24/9600			1.9 (1.3 to 2.7)
Kimber et al 2015	151/88 449	206/43 430			1.7 (1.4 to 2.0)
Cousins et al 2016	50/19 277	16/5067			2.6 (1.9 to 3.4)
Overall					2.0 (1.5 to 2.7)
Buprenorphine, first four weeks					
Kimber et al 2015	2/2094	18/1674			0.9 (0.1 to 3.4)
Buprenorphine, after four weeks					
Kimber et al 2015	29/19 842	125/29 565			1.5 (1.0 to 2.1)

0.5 1 2 5 10 20

■ In treatment □ Out of treatment



WHAT ABOUT OTHER RESEARCH?

Notably, Santo et al, June 2021 meta-analysis in JAMA.

- 749,634 total patients analyzed
- All cause mortality halved independent of location, age, sex, HIV status and IVDU.
- Bupe (much) safer in induction period.
- All cause mortality 6x higher after cessation in the first 4 weeks and double the rate afterwards.
- Reduction in death by suicide, EtOH, other drugs, cancer and CV related etiologies.



WHEN TO CONSIDER STOPPING BUPRENORPHINE?

Probably never.

“HEY DOC...”

*I want to stop taking suboxone, what do you think?

“Why do you want to stop?”

- “I don’t like being addicted.”
- “I feel like I’m just dependent on you now.”
- “I feel like less of a man.”
- “I feel like a loser.”
- “I want to beat this.”
- “I want to be able to go on vacation for more than a month.”

What a great time for a therapeutic intervention!

HERE'S WHAT I DO...

"I want to beat this."

*"You **have** beaten this."*

- What dose are they on?
- Start appropriate psychological intervention specific to their reason for wanting to stop. MI, CBT, DBT, ACT based and even psychodynamic options may be useful!
- Give them the data we just discussed. It is pretty unambiguous.
- Work on retaining them in treatment and keeping them engaged – this is likely the most important part!



SPECIAL CASES

1. Persons going into surgery
->16mg or less. But do **not** stop.
2. Persons in a controlled environment *and*
with diminished cognition *and* compelling
medical reasons.



What do you think?

CITATIONS

1. August 21 JHM 2019 O 635 P online first, 2019 | 10.12788/Jhm.3265. Things We Do for No Reason™: Discontinuing Buprenorphine When Treating Acute Pain. *J Hosp Med.* 2019;14(10). doi:10.12788/jhm.3265
2. Hickman M, Steer C, Tilling K, et al. The impact of buprenorphine and methadone on mortality: a primary care cohort study in the United Kingdom. *Addict Abingdon Engl.* 2018;113(8):1461-1476. doi:10.1111/add.14188
3. Kimber J, Larney S, Hickman M, Randall D, Degenhardt L. Mortality risk of opioid substitution therapy with methadone versus buprenorphine: a retrospective cohort study. *Lancet Psychiatry.* 2015;2(10):901-908. doi:10.1016/S2215-0366(15)00366-1
4. Marteau D, McDonald R, Patel K. The relative risk of fatal poisoning by methadone or buprenorphine within the wider population of England and Wales. *BMJ Open.* 2015;5(5):e007629. doi:10.1136/bmjopen-2015-007629
5. Kornfeld H, Manfredi L. Effectiveness of Full Agonist Opioids in Patients Stabilized on Buprenorphine Undergoing Major Surgery: A Case Series. *Am J Ther.* 2010;17(5):523-528. doi:10.1097/MJT.0b013e3181be0804
6. Sordo L, Barrio G, Bravo MJ, et al. Mortality risk during and after opioid substitution treatment: systematic review and meta-analysis of cohort studies. *BMJ.* 2017;357:j1550. doi:10.1136/bmj.j1550
7. Santo T Jr, Clark B, Hickman M, et al. Association of Opioid Agonist Treatment With All-Cause Mortality and Specific Causes of Death Among People With Opioid Dependence: A Systematic Review and Meta-analysis. *JAMA Psychiatry.* 2021;78(9):979-993. doi:10.1001/jamapsychiatry.2021.0976
8. Veazie S, Mackey K, Peterson K, Bourne D. Managing Acute Pain in Patients Taking Medication for Opioid Use Disorder: a Rapid Review. *J Gen Intern Med.* 2020;35(Suppl 3):945-953. doi:10.1007/s11606-020-06256-5
9. Larochelle MR, Bernson D, Land T, et al. Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association With Mortality: A Cohort Study. *Ann Intern Med.* 2018;169(3):137-145. doi:10.7326/M17-3107
10. Gowing L, Ali R, White JM. Buprenorphine for the management of opioid withdrawal. *Cochrane Database Syst Rev.* 2009;(3):CD002025. doi:10.1002/14651858.CD002025.pub4
11. Scherbaum N, Specka M, Hauptmann G, Gastpar M. [Does maintenance treatment reduce the mortality rate of opioid addicts?]. *Fortschr Neurol Psychiatr.* 2002;70(9):455-461. doi:10.1055/s-2002-33758

