MEDICATION-ASSISTED TREATMENT CENTERS OF EXCELLENCE

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New Guidelines: Buprenorphine Management in the Perioperative Period: Educational Review & Recommendations from Multisociety Expert Panel

A new guideline was released by the American Society of Regional Anesthesia and Pain Medicine, in collaboration with other fields of pain medicine, addiction, and pharmacy health sciences, in addition to an extensive literature search to provide recommendations on buprenorphine administration in the perioperative setting and recommendations for the initiation of buprenorphine in a patient with suspected OUD in this setting. It concludes that buprenorphine should not be routinely stopped in the perioperative setting and can be started in patients with untreated OUD and acute pain in the perioperative setting to reduce risk of recurrence and overdose death.

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WHAT'S INSIDE

UPCOMING EVENTS

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HEADLINES

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Attitudes Towards MOUD in Health Care

Extended Release vs. Sublingual Buprenorphine Treatment Retention

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OUD & PTSD Treatment Outcomes

Upcoming Events

OBAT Navigator Support Event

This event is an ongoing opportunity for OBAT navigators and other SUD navigators/ case managers to continue learning through:

Discussion of (de-identified) patient cases and support thinking through patient engagement strategies, potential resources, and how to practice self-care while doing this work

Presentations and updated resources about relevant topics such as harm reduction, strategies for identifying new community resources, and telephonic engagement during the pandemic

This event will take place on Wednesday, September 29 from 12:00 – 1:00 PM

REGISTER HERE

NJ MAT COE & NJ ACEP Buprenorphine Virtual Trainings

If you have not been able to join us for the free two-hour CME training focused on the how and why of buprenorphine prescribing and practice implementation, here is your next opportunity. Given the recent release of HHS' new practice guidelines regarding buprenorphine treatment for OUD, the course content now reviews all information needed to prescribe in the ED and provides clinical justification for the use of MOUD that can be applied in all settings. Faculty will walk attendees through the SAMHSA waiver application and submission process to treat up to 30 patients.

Join us for the next training on Tuesday, October 5 from 5:00 - 7:00 PM

REGISTER HERE



Project ECHO: Pain Management in Patients with OUD

If you missed any of the previous MAT or continuous quality improvement ECHO sessions, they are posted on the Northern COE Website webinar archive. Please note that you can only receive CE credits by attending live ECHO sessions.

This session takes place on Friday, October 1 from 12:00 – 1:00 PM

This ECHO will discuss how to manage pain using buprenorphine in patients with OUD. Dr. James Bailey, DO, a physiatrist at Rowan Medicine, will be leading the discussion.

Do you have a case that you would like to present to the panel to receive recommendations and suggestions for management? Please click **here** to email your question(s) or scenario(s).

REGISTER HERE

MAT Lunch Hour: Peer Recovery Support Services

Join the NJ MAT COEs and Camden Coalition of Healthcare Providers for the next MAT Lunch Hour to network, collaborate, and discuss.

Next Forum: Wednesday, October 27 from 12:00 – 1:00 PM

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Recent Literature

Causes of Death in the 12 Months After Hospital Discharge Among Patients with OUD

Written in the *Journal of Addiction Medicine*, this study examined the cause of death in the 12 months after hospital discharge among those hospitalized with OUD. It analyzed Medicaid data in hospital admissions in Oregon from April 2015-December 2017. In the 12 months after discharge, 7.8% (522) of the 6,654 patients analyzed died, which is similar to the 5-10% of patients who die one-year after a myocardial infarction. 58% of deaths were due to a drug-related cause, including nearly 14% due to overdose and 42% due to a non-drug related cause.
After these drug-related deaths, diseases due to the circulatory and respiratory systems were the next highest causes. In summary, addressing OUD and other strategies to mitigate drug and non-drug related deaths amongst those with OUD is crucial.

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OUD & Perinatal Outcomes

This is a population-based retrospective study amongst women in Canada with diagnosed OUD before delivery and in the postpartum period, to determine the association of MOUD on birth weight, gestational age, infant disorders related to gestational age and birth weight, and neonatal abstinence syndrome. The study included over 4,500 women and over 6,700 live births. Those who continued to receive MOUD, particularly agonist therapy, had reduced odds of preterm birth and low birth weight. Treatment with buprenorphine compared to methadone reduced the odds of each outcome above in addition to neonatal abstinence syndrome. The push to ensure continuous MOUD therapy for those who are pregnant is needed to ensure successful outcomes in this vulnerable population. See below for the study, along with an accompanying article published by PEW on how pregnant and postpartum patients continue to experience barriers to MOUD.

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A Low-Threshold Comprehensive Shared Medical Appointment Program for Perinatal Substance Use in an Underserved Population

This is a retrospective study conducted by the Southern NJ MAT Center of Excellence at the Cooper University Health Care Center for Healing, examining program retention amongst pregnant and postpartum women with substance dependence or use disorder from November 2016-March 2020.
It found that over 97% of patients who were prescribed MOUD and 88% of all urine toxicology results were negative for non-prescribed opioids, and that those who were enrolled after initiation of wraparound services and those who attended more shared medical appointments had a lower rate of disengaging from care. The study highlights how a low-barrier shared medical appointment program can have high treatment retention, access to MOUD, and high rates of opioid-negative urine toxicology, all of which increases access and improves outcomes in those with perinatal substance use.

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Recent Literature (cont.)

Health Care Professionals' Attitudes Toward Medications for Opioid Use Disorder

This is a review article that examined attitudes on the use of MOUD among prescribers, non-prescribing clinicians, pharmacists, and administrators. It found that attitudes toward MOUD greatly impact access and evidence-based use of MOUD. Continued education and efforts to increase positive attitudes and eliminate stigma are needed.

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Polysubstance Use Among Patients Treated with Buprenorphine From a National Urine Drug Test Database

This was a cross-sectional study from January 2013-December 2019 that included patients prescribed buprenorphine who provided urine specimens to analyze the positivity of other commonly used substances. The study included specimens from 150,000 patients. 85% of the specimens were positive for buprenorphine and nearly 48% tested positive for one or more non-prescribed substances. Positivity rates of these substances increased from 2013-2019, and factors associated with positivity varied; men had highest fentanyl positivity, as well as patients aged 18-24 years, living in New England, and those with Medicaid. Using national data can help identify trends and address efforts to support patients being treated with buprenorphine for OUD who are using other substances.

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Comparison of Treatment Retention of Adults with Opioid Addiction Managed with Extended-Release Buprenorphine vs. Daily Sublingual Buprenorphine-Naloxone at Time of Release from Jail

This was an open-label proof-of-concept study in a New York City jail, looking to compare the effectiveness of extended-release monthly injectable buprenorphine vs. sublingual buprenorphine on treatment retention at 8 weeks after discharge in approximately 50 incarcerated adults. Participants were randomized 1:1 to either the monthly injectable or daily sublingual buprenorphine. It found that treatment retention 8-weeks post-release was 18 (69%) in the injectable arm, and 9 (35%) in those receiving sublingual daily buprenorphine. Preliminarily, the study demonstrated that the monthly injectable may help to facilitate improved medication adherence and follow-up to care, while also maintaining treatment retention.

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Treatment Outcomes in Individuals Diagnosed with Comorbid OUD & PTSD

The prevalence of trauma is 90% in those with OUD and the prevalence of PTSD is 40% (compared to 7-8% of those who have at least one traumatic experience in their lifetimes) in those with OUD. This was a review article that examined the impact of concurrent diagnoses of OUD and PTSD in treatment outcomes. It found that among those with OUD, PTSD is associated with several mental health issues, including high rates of depression, attempted suicide, and psychosocial issues, along with severe addiction. Ensuring PTSD is appropriately identified and treated as part of OUD care is critically important. Interventions that are easy to implement can be achieved in the general medical setting.

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Resources

COMING SOON!
NJ MAT Centers of Excellence Office-Based Addiction Treatment of Opioid Use Disorder Manual

Our manual for providing evidence-based care for patients with OUD in the office-based addiction treatment setting will be released soon. It will provide an overview of the OBAT model and information on preparing to implement treatment in your practice, and evidence-based information on using MOUD primarily with buprenorphine and extended-release naltrexone, in this setting. You will find information to support your practice clinically and administratively.

NJ MAT Centers of Excellence 2021 Opioid Summit Panel: Low-Barrier Approaches to MOUD & Harm Reduction

We recently facilitated a discussion at the NJ Department of Human Services and Division of Mental Health and Addiction Services Opioid Summit.

CLICK TO VIEW THE VIDEO



24/7 MAT Provider Hotline: 844-HELP OUD (844-435-7683)
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