

Extended release naltrexone in community practice

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Disclosures

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- ATTC – consultant
- NIDA – research funding

Choice of medication: Bupe vs XR-NTX

- Patient preference
- Family preference
- Failure of other treatments, try something new
- Side effects, anxious anticipation
- Long acting duration of xr-ntx for poor treatment engagement and adherence
- Bupe available immediately, helps with withdrawal
- Bupe intrinsically reinforcing
- More familiarity with bupe, pos and neg reputation
- Problems with acceptability of agonists
- Concerns about discontinuation
- More tools in the toolbox

Initiation

- Classic: withdrawal management (detox) followed by 7-10d opioid free washout, then some oral NTX lead-in (1-4 doses) – total 13-21d
 - Longer washout if transitioning from bupe or methadone
- Accelerated induction protocols: agonist sparing, use of alpha-2 agonists, BZDs, very low-dose oral NTX, etc – total 7-10d

Initiation barriers

- Induction hurdle, more difficult than full and partial agonists
- Getting patients through wait time – “cold feet” and relapse risk
- Subjective sense of withdrawal discomfort, but compared to what?
- Considerably easier in bed-based care
- Context related motivation: “this is what I want,” dissatisfaction with other treatments, parent or significant other influence, imputed value of non-agonist, criminal justice, etc

Continuation

- Adherence and retention problematic for all treatments, but some indication that NTX more so
- Hypotheses: low intrinsic reinforcement, low frequency reinforcement
- Speculative hypothesis: reinstatement of endogenous opioid tone and possibly corresponding hedonic tone

Continuation

- Q4 wk dosing
- Subgroup with incomplete blockade week 4 → Q3 wk dosing
- Late dosing: relatively easy out to 35d, pre-treatment with clonidine, oral NTX challenge, as needed
- Consent for consequences of “alternate facts” if using opioids
- Re-induction if regular use, increasingly necessary with increasing time > 40d

Adherence enhancements

- Self-efficacy and internalized motivation
- Contingency management
- External leverage
- Significant other involvement

Side effects and other management

- GI disturbance
 - Ondansetron, PPIs
- Site reactions and discomfort
 - Heat, cold, massage
 - Pretreatment with anti-histamines, NSAIDs
- Acute analgesia
 - NSAIDs, Ketorolac, regional blocks
 - Conscious sedation for procedures
 - Overcoming blockade for anesthesia

Special populations

- Criminal justice
- Youth
- Sequenced treatment, post-agonist
- Pregnancy?

If only it were that easy



bob

"We found this in your brain."