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What is Psychiatry's Role in Treating Opioid Use Disorder?

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Learning Objective 1

Recognize the unique role that psychiatry can play in treating individuals for opioid use disorder.

Learning Objective 2

Utilize recent clinical updates on the safety and efficacy of current therapies for OUD to overcome barriers to integration in practice.

Integration of OUD Education into Psychiatry Residency Programs

- Currently, only 40% of psychiatric residency[1] programs integrate buprenorphine waiver training
- Buprenorphine should be a required competency of residency training
- Programs need to broaden the exposure of residents to be competent prescribing medications for OUD
  - Research show that psychiatrists who receive training to prescribe buprenorphine as residents are more like to prescribe than those trained later in their careers[2]
- Tools and support services available at https://pcssnow.org/education-training/mat-training/

1. Schwartz AC, et al. *Acad Psychiatry*. 2018;42(5):642-647.; 2. Suzuki J, et al. *Am J Addict.* 2014;23(6):618-622.

Myths and Realities of Opioid Use Disorder

Myths and Realities of Opioid Use Disorder Treatment.

Myth	Reality	Possible Policy Response
Buprenorphine treatment is more dangerous than other chronic disease management.	Buprenorphine treatment is simpler than many other routine treatments in primary care, such as titrating insulin or starting anticoagulation. But physicians receive little training in it.	Amend federal buprenorphine-treatment eligibility requirements to include training completed during medical school and require training during medical school or residency. Add competency questions to U.S. Medical Licensing Examination and other licensing exams.
Use of buprenorphine is simply a "replacement" addiction.	Addiction is defined as compulsively using a drug despite harm. Taking a prescribed medication to manage a chronic illness does not meet that definition.	Public health campaign to reduce stigma associated with addiction treatment, similar to past campaigns (e.g., HIV) that provided education and challenged common myths.
Detoxification for opioid use disorder is effective.	There are no data showing that detoxification programs are effective at treating opioid use disorder. In fact, these interventions may increase the likelihood of overdose death by eliminating tolerance.	Advocacy from professional physician organizations to educate federal and state agencies and policymakers about evidence-based treatment and the lack of evidence for short-term "detoxification" treatment.
Prescribing buprenorphine is time consuming and burdensome.	Treating patients with buprenorphine can be uniquely rewarding. In-office inductions and intensive behavioral therapy are not required for effective treatment.	Develop and disseminate protocols for primary care settings that emphasize out-of-office induction and treatment.
Reducing opioid prescribing alone will reduce overdose deaths.	Despite decreasing opioid prescribing, overdose mortality has increased. Patients with opioid use disorder may shift to the illicit drug market, where the risk of overdose is higher.	Develop a national system of virtual consultation for physicians to reach addiction and pain specialists who can support treatment of patients with suspected opioid use disorder.

Wakeman SE, Barnett ML. *N Engl J Med*. 2018;379:1-4.

FDA-Approved Medications to Treat OUD

Medication	Receptor Pharmacology	Formulation
Methadone	Full mu opioid agonist	• Oral solution, liquid concentrate, tablet/diskette, powder
Buprenorphine	Partial mu opioid agonist	• Once monthly injection for subcutaneous use
Buprenorphine-naloxone	Partial mu opioid agonist/mu antagonist	• Sublingual film
Naltrexone	Mu opioid antagonist	• Extended release injectable suspension

Prescribing information available at https://www.accessdata.fda.gov

Center for Substance Abuse Treatment. Medication-Assisted Treatment for Opioid Addiction in Opioid Treatment Programs. Rockville (MD): SAMSHA (US); 2005. (Treatment Improvement Protocol (TIP) Series, No. 43.) Chapter 3. Pharmacology of Medications Used to Treat Opioid Addiction. Available from: https://www.ncbi.nlm.nih.gov/books/NBK64158/

Psychiatrists are trained in evidence-based medicine and need to understand the role of FDA surveillance.

The Lessons of Oxycontin

- Medications are dangerous until proven safe and effective
- Be aware of exaggerated claims

What are the barriers to treating OUD in your practice?

Psychiatrists Need To Carry Naloxone and Know How to Identify an OUD Overdose and Use Naloxone

- Unresponsiveness
- Awake, but unable to talk
- Limp posture
- Face is pale or clammy
- Blue fingernails and lips
- For lighter skinned people, the skin tone turns bluish purple; for darker skinned people, the skin tone turns grayish or ashen
- Slow, shallow or erratic breathing
- Pulse is slow and erratic, or there may be no pulse
- Choking sounds or a snore-like gurgling noise (sometimes called the “death-rattle”)

Naloxone

www.vch.com/overdose

Suicide: A Silent Contributor to Opioid Overdose Deaths

- Addressing the trajectory of opioid overdoses requires a better understanding between intentional (suicide) and unintentional (accidental) deaths
- Yet, most strategies to address overdose do not include screening for suicide or the need to tailor interventions for suicidal persons
- Classifying these deaths as “undetermined” if no documented history of depression hinders deployment of prevention services

Oquendo MA, Volkow N. *N Engl J Med*. 2018;378(17):1567-1569.

Suicide risk in OUD is **6x** the general US pop even after controlling for suicide risk factors such as coexisting psychiatric diagnoses, **OUD** more than **doubled** suicide risk among women and increased risk by **30%** in men

250,000+ ED visits for opioid overdose
26.5% intentional
20.0% undetermined

True proportion of suicides among opioid overdoses likely **20%-30%**, but could be even higher

Oquendo MA, Volkow N. *N Engl J Med*. 2018;378(17):1567-1569.

What Can Be Done?

- Screen for suicide risk in patients with chronic pain and other conditions where opioid are prescribed and in substance use
- Standardize screening for suicide risk and treatment referral among emergency patients who have overdosed
- Reduce the double stigma associated with suicide and drug addiction that might make patients more willing to seek treatment

Oquendo MA, Volkow N. *N Engl J Med*. 2018;378(17):1567-1569.

Questions & Answers

Don’t forget to fill out your evaluations to collect your credit.