Maintaining Patients on OAT

Information Sheet for Physicians

If you accept transfer of care for a patient receiving opioid agonist treatment (OAT), this information will assist you in ensuring the patient's care is appropriate and you can access any support you need.

Methadone	Slow Release Oral Morphine (SROM)
- More effective than non-medical approaches. - There is a high risk of overdose during the early stages of treatment. - Perform an ECG: ✓ Upon initiation of methadone ✓ 30 days after initiation ✓ Annually - Daily witnessed doses until: ✓ Negative UDTs for a minimum of 12 weeks. ✓ Social and emotional stability, demonstrated by no missed appointments or doses and improved social relationships. ✓ No IV drug use. ✓ Safe storage (lock box, containers, cabinets, etc.).	- Use only if Methadone and Buprenorphine/Naloxone have failed. - Use a 24-hour formula—12-hour SR or ER-formulations are not recommended. - Daily witnessed does until: ✓ Negative UDTs for a minimum of 16 weeks. ✓ Social and emotional stability, demonstrated by no missed appointment or doses and improved social relationships. ✓ Improved functioning with take-home doses (i.e. have returned to work, school, etc.) ✓ No history of diversion. ✓ No IV drug use during the 16 weeks. ✓ Safe storage (lock box, containers, cabinets, etc.).

Reassessment frequency:
It is important to see your patient at the appropriate intervals for follow-up visits.

If patient is stable for…	They should visit…
Less than 3 months	At least every 2 weeks
Less than 6 months	At least monthly
Less than 12 months	At least every 2 months
Greater than a year	At least every 3 months

Patient management tips:

- ✓ Opioid use disorder is a chronic medical condition. Relapse is possible even after long periods of stability. Watch for warning signs at each visit. These may include:
  - Increased moodiness
  - Anxious feelings
  - Negative emotional responses
  - Romanticizing of drug use

Patient management tips cont…

- ✓ Use treatment agreements to support you and your patient in managing goals and expectations (see BCCSU OUD guidelines – appendix 8 on the **www.bccsu.ca** website under Publications – Clinical Care Guidance).
- ✓ Conduct urine drug screenings (UDS) to monitor for relapse and treatment response. Guidelines recommend a frequency of at least eight times a year during the first year.
- ✓ Point-of-care UDS tests have the advantage of providing immediate feedback, but in patients on SROM, they cannot rule out use of illicit heroin or certain prescription opioids (e.g. morphine).
- ✓ SROM can cause hyperalgesia similar to other types of chronic opioid therapy. If you suspect hyperalgesia in your patient, notify the initiating prescriber as treatment rotation may be necessary.
- ✓ Collaborate with other providers and take advantage of resources and services available through AHS, e.g. RAAPID, or if applicable, your Primary Care Network (PCN).
- ✓ A positive support system is crucial to recovery. Positive reinforcement and regular non-medical 'check-ins', e.g. regarding life situation, can go a long way.

When to contact the initiating physician:

- ✓ Missed, spoiled, split or lost doses.
- ✓ Taper support for discontinuation of treatment.
- ✓ Pregnancy, concurrent disease, incarceration or other urgent situations.

Refer to the letter of support you received from the initiating physician for their contact information.

Key references and resources:

- ✓ CPSA OAT web page: **www.cpsa.ca/physician-prescribing-practices/methadone-program**
- ✓ AHS ODT Virtual Training Program: **www.ahs.ca/paces**
- ✓ Canadian Research Initiative in Substance Misuse (CRISM) web site: **www.crismprairies.ca**
- ✓ British Columbia Centre on Substance Use (BCCSU) web site: **www.bccsu.ca**
- ✓ AHS OUD Telephone Consultation and call center (RAAPID):
  - North of Red Deer: 1-800-282-9911 or 1-780-735-0811
  - South of Red Deer: 1-800-661-1700 or 1-403-944-4488