Quality assurance in pharmacotherapy with methadone

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Outline of the presentation

- Introduction
- Pharmacotherapy of opioid dependence with methadone (MMT)
- Quality of pharmacotherapy programs
- Contribution of UNODC project to the improvement of quality of MMT in Estonia, Latvia and Lithuania
Opioid dependence as a chronic disease

- Dependence is chronic disease, similar to diabetes, hypertension or asthma (T.McLelllan, 2000)
- Less than 30% of patients are compliant with recommended behavior change and diet
- Less than 40% are compliant in taking prescribed medications
- 50-70% of adult patients, treated for asthma or hypertension undergo relapse of serious symptoms in the course of 1 year

Dependence is a brain disease
(partial recovery of dopamine transporters in methamphetamine users)

Pharmacotherapy with methadone of opioid dependence

- Eliminates/reduces craving and withdrawal symptoms
- Patients feel normal / more stable
- Significant reduction of heroin use /injecting (prevention of infectious diseases)
- Treatment of co-morbid diseases
- Continued psychosocial assistance aimed at patient’s behavior change and improved social functioning
- Long-term treatment (min. 2-4 years)
- Assistance for patients in coping with relapse and critical situations
Quality of opioid dependence pharmacotherapy

- Comprehensive assessment of the patient
- Non-restrictive indications for treatment
- Safe administration of first doses of methadone (overdose prevention)
- Effective maintenance doses (60-100 mg/day) and sufficient duration of treatment (min. 12 months)
- Monitoring of side effects of medications
- Monitoring of interaction of methadone with other medications (ARV, psychotrophic, etc.)
- Specific approaches to special populations (pregnant or breastfeeding women, co-morbid patients with mental disorders, HIV and hepatitis C)
- Continuous assessment of psychosocial needs and psychosocial support
- Other (e.g. medication take-home policy)
UNODC project contribution to the quality of pharmacotherapy in EE, LV and LT

- Development of national clinical protocols
- Basic training of specialists in newly-opened programs
- Addiction Severity Index (ASI) for comprehensive assessment of the patient and for treatment planning
- University training curricula for multidisciplinary staff
- Guidelines for continuous education of multidisciplinary staff “Intervision”
- Educative materials for general society
- Educative materials for current and future patients (in progress)
Evaluation of MMT in Estonia (2007, 2008) - basic needs:

- National clinical guidelines
- System of basic and continuous training of the multidisciplinary staff
- Co-operation with other medical and social services
- Minimal psychosocial services for patients at program level
- Optimization of take-home regulations
- Improvement of the image of MMT among IDU and medical professionals
- Continuity of treatment in arrest houses and prisons
National clinical protocols

- LT - developed by Lithuanian Psychiatric Association, reviewed by Vilnius and Kaunas universities and Ministry of Health, published 2010
- Draft translated into English and reviewed by experts at WHO (Geneva and Copenhagen) and UNODC
- LV – draft national protocol developed, approval from Ministry of Health pending
- EE – national protocol in the stage of development at the Institute of Health Development and EPA
Addiction Severity Index (ASI)

- Standardized instrument for comprehensive assessment (Medical Status, Employment & support, Alcohol use, Drug use, Legal status, Family/Social status, Psychiatric status)

- Originally developed in 1977 in Philadelphia (USA), modified by UNODC and available in UNODC TREATNET Training Package

- With software applicable for everyday use in clinical practice for treatment planning and evaluation of effectiveness of treatment
Addiction Severity Index (ASI)

Questionnaire translated into Latvian and Lithuanian languages

Original software developed for electronic use in clinical practice, which allows to:

✓ print descriptive assessments
✓ generate master problem list
✓ develop and print time-limited treatment plans
University training curricula for basic training of physicians on PM

LT – approved 18 hour training curriculum by Vilnius University Medical Faculty for Department of Post-Graduate Physician Training (2007), educative material for participants developed with the support of UNODC 2008

LV – in the stage of development
Intervision guidelines (2010) for continuous training of the multi-disciplinary staff

- Model of training based on existing competence of specialists at the sites
- Available in EE, LV, LT and RU languages
Intervision sessions

- Small groups < 8 participants
- Safe atmosphere for discussion (no hierarchical relations)
- Chairman/facilitator of the session from outside
- Sessions announced in advance (with preselected premises, topics, chairman)
- Topics selected by the participants themselves
- Participants from different institutions
- Mono- or multi-disciplinary participants
- Session up to 2 hours
- Piloted and implemented in EE, LV, LT
- Excellent feedback from participants
1. Kāds ir opioēdu atkarības farmakologiķas atšķirības ar metadonu un buprenorfinu?

Norādījumus medicinā un metadonu vai buprenorfinu deivīm, pamata mērījums ir izbaudīt un normāli satiet pacientu ādu un psihisko stāvokli, sociālo darbības un integrāciju situācijā, kā arī izprast noriskās viekt labo kalitāšu, terapijas rezultāta veicotāju samazināt vai pat ierīkot pārtu ķermeņa ietekme no noriskās viekt labo kalitāšu. Tomēr ierīkot ļoti zemu šīs metadona vai buprenorfinu, jo šī medicīniskā ražošana kā bieži rāda, kā ūdenis medicīniskais atkarības augumā.

2. Vai tam ir ietekme, ka metadonu vai buprenorfinu atkarībām no narkotiskajām vielām, kā tas ir, kas darot alkoholiskām alkoholiskām atkāpēm?

Metadonu un buprenorfinu atkarībām no narkotiskajām vielām, kā tas ir, kas darot alkoholu alkoholiskās atkāpēm.

3. Vai tā ir ietekme, ka metadonu un buprenorfinu lieto, kā pasaulē ir cilvēku ietekme?

Nav norādījumus. Tālāk, mēs norādīsim optimālu (piešķirjumu) šo ārstēšanas preparātu deivīm, pacientiem izdot ārstēšanas pēc narkotiskās viekt labo kalitāšu, lietotajām ārkārtējai izstrādātājai un pazīmes speciālām ārstībai pie narkotikām un abstinencii. Lietotajā ārstēšanas metodē metadonu vai buprenorfinu deivīm, pacientiem ir jāveic ārstēšana normāli bez dārgāko stāvokli. Ārēja un internā pacientu parādīja, lai mēs izdotu alkoholisko alkoholisku atkāpēm.

4. Vai tam ir ietekme, ka metadonu un buprenorfinu izstrādāt un uzsakātās par zālēm?

Metadonu un buprenorfinu izstrādāt un uzsakātās par zālēm ir svarīga darbība varētu ietekmēt pat neaiškām cilvēka veselībā izstrādāšana. Pat, lai to lietotu šīs deivīm, kā tas ir, kas darot alkoholu alkoholiskās atkāpēm.
Conclusions

- UNODC project leaves in countries important tools for quality assurance in national languages (national clinical protocols, university curricula for basic training, guidelines for continuous training, tools for treatment planning and effectiveness evaluation – ASI, educative materials)

- Further use of these tools will depend from national authorities, medical institutions, professional societies and specialists

- Continuity of MMT have been significantly improved in non health care sectors (in arrest houses and prisons in EE, in arrest houses in LT)
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