

WELCOME

Addiction Medicine ECHO Clinic



The session will begin promptly at 12 pm.



Please mute the audio on your device.



Sessions take place Thursday on the 2nd and 4th week of the month.



Please connect your camera.

Need technical assistance? Call [907-729-2622](tel:907-729-2622) or text your phone number into the chat.



Recording

We will record the **didactic portion** of every session. After the session, the didactic portion of this clinic will be available on the ANTHC Addiction Medicine ECHO page.

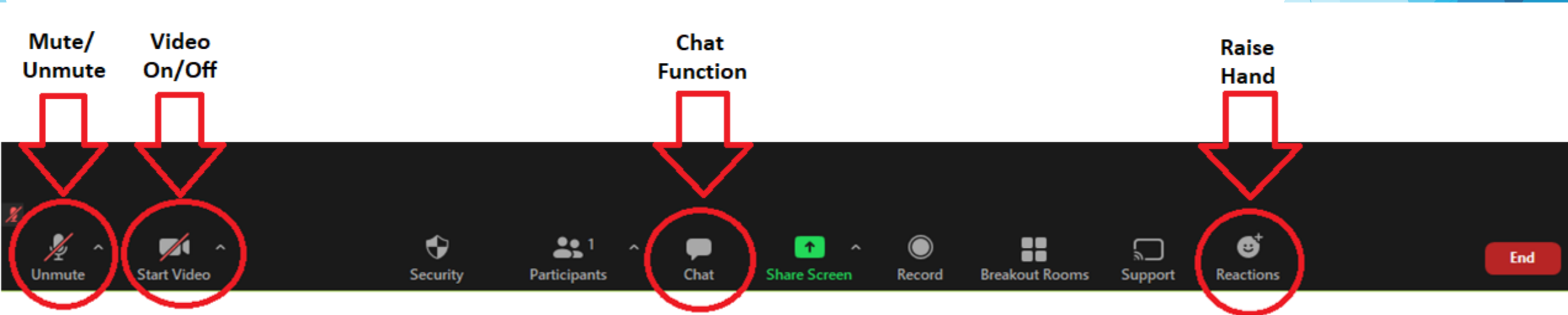
By participating in this clinic you are consenting to be recorded.

If you do not wish to be recorded, please email behavioralhealth@anthc.org at least one week prior to the ECHO Clinic you plan to attend.

Some Helpful Tips

- ▶ Please mute microphone when not speaking
- ▶ Use chat function
- ▶ Position webcam effectively
- ▶ Test both audio & video

Need technical assistance? Use the chat function or call 907-317-5209



ANTHC Clinical ECHO Series

Approved Provider Statements:

ANTHC is accredited by the Washington State Medical Association to provide continuing medical education for physicians.

ANTHC is approved as a provider of nursing continuing professional development by the Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation.

AKPhA is accredited by the Accreditation Council for Pharmacy Education as a provider of Continuing Pharmacy Education.

Contact Hours:

ANTHC designates this Live/Virtual Activity for a maximum of 12 AMA PRA Category 1 Credit(s)™ for the entire series, provided in 1 credit/session certificates. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ANTHC designates this activity as meeting the criteria for one nursing contact hour credit for each hour of participation up to a maximum of 12 hour(s) for the entire series, provided in 1 contact hour certificates/session attended.

 The Alaska Pharmacists Association (AKPhA) is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education. Through a Joint Providership, ANTHC and AKPhA designates this pharmacist activity for a maximum of 1 hours(s) per session. To receive CE credit, participants must be included in attendance record of facilitator/virtual format moderator with the NABP e-profile number including MM/DD birthdate, and complete the evaluation or post session survey. CPE credit will be posted to the online CPE Monitor System within 60 days of activity completion. CPE credit is offered at no charge to ANTHC/SCF employees and AKPhA members. Fees may apply to participants not affiliated with either organization.

Approved for 1 CHAP CE

Conflict of Interest Disclosures:

None of the presenters and planners for this educational activity have any relevant relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

Requirements for Successful Completion:

To receive CE credit be sure you are included in attendance record as directed by the facilitator/session moderator, and complete the course evaluation or post session survey via this link: <https://forms.gle/QhwCeGTf4zLNwpBX7>

For more information contact Jennifer Fielder at jfielder@anthc.org or (907) 729-1387

Welcome and Introductions

Addiction Medicine ECHO

- Name
- Location
- Profession/Credentials



MEDICATION ASSISTED TREATMENT (MAT) FOR OPIOID USE DISORDER (OUD)

Ryan Wallace, MD, MPH
Providence Medical Group

DISCLOSURES

Nothing to disclose

OBJECTIVES

1

Review the natural history of opioid use disorder (OUD)

2

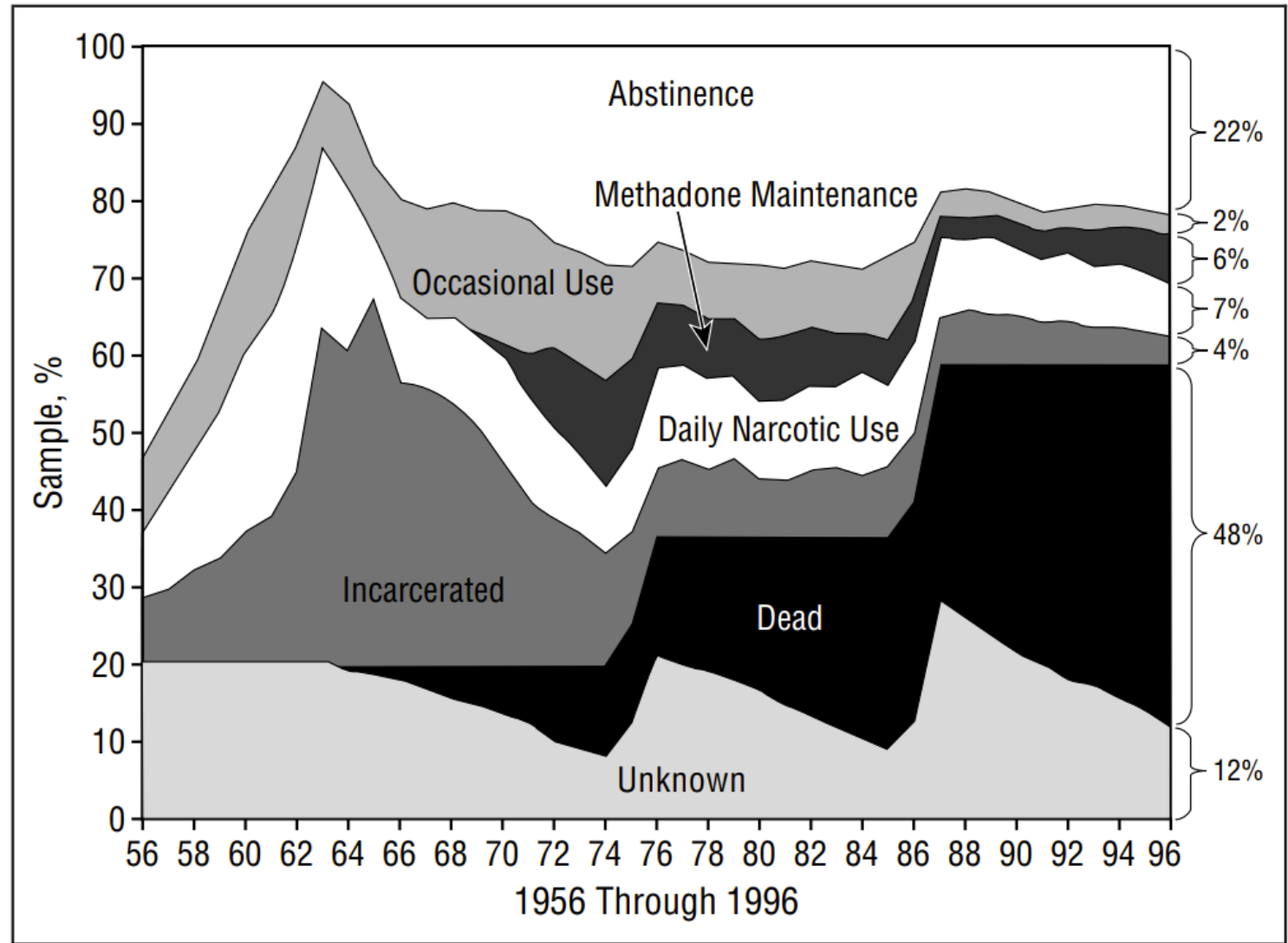
Discuss what medication-assisted treatment (MAT) is and the evidence base behind MAT for OUD.

3

Understand the science and evidence base behind the FDA-approved medications for OUD

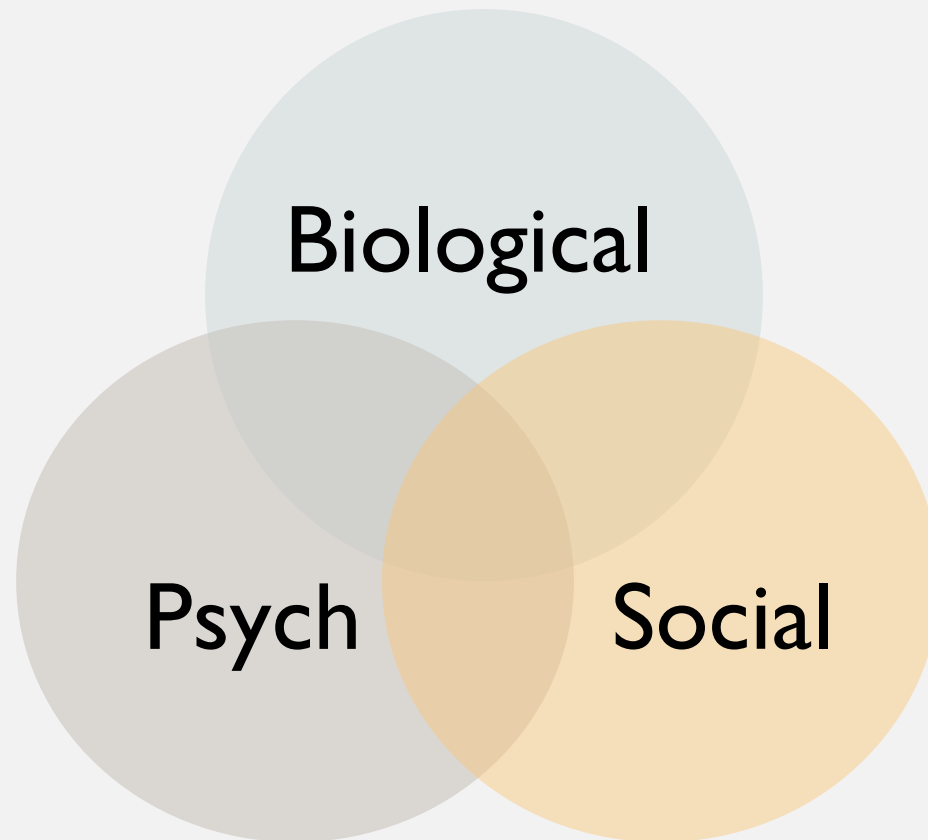
- Buprenorphine
- Methadone
- Naltrexone

NATURAL HISTORY OF OPIOID USE DISORDER



The natural history of narcotics addiction among a male sample (N=581).

THE BIOPSYCHOSOCIAL MODEL OF ADDICTION



ADDICTION IS A BRAIN DISEASE

“Addiction is a primary, **chronic disease of brain reward, motivation, memory and related circuitry**. Dysfunction in these circuits leads to characteristic **biological, psychological, social and spiritual manifestations**. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.”

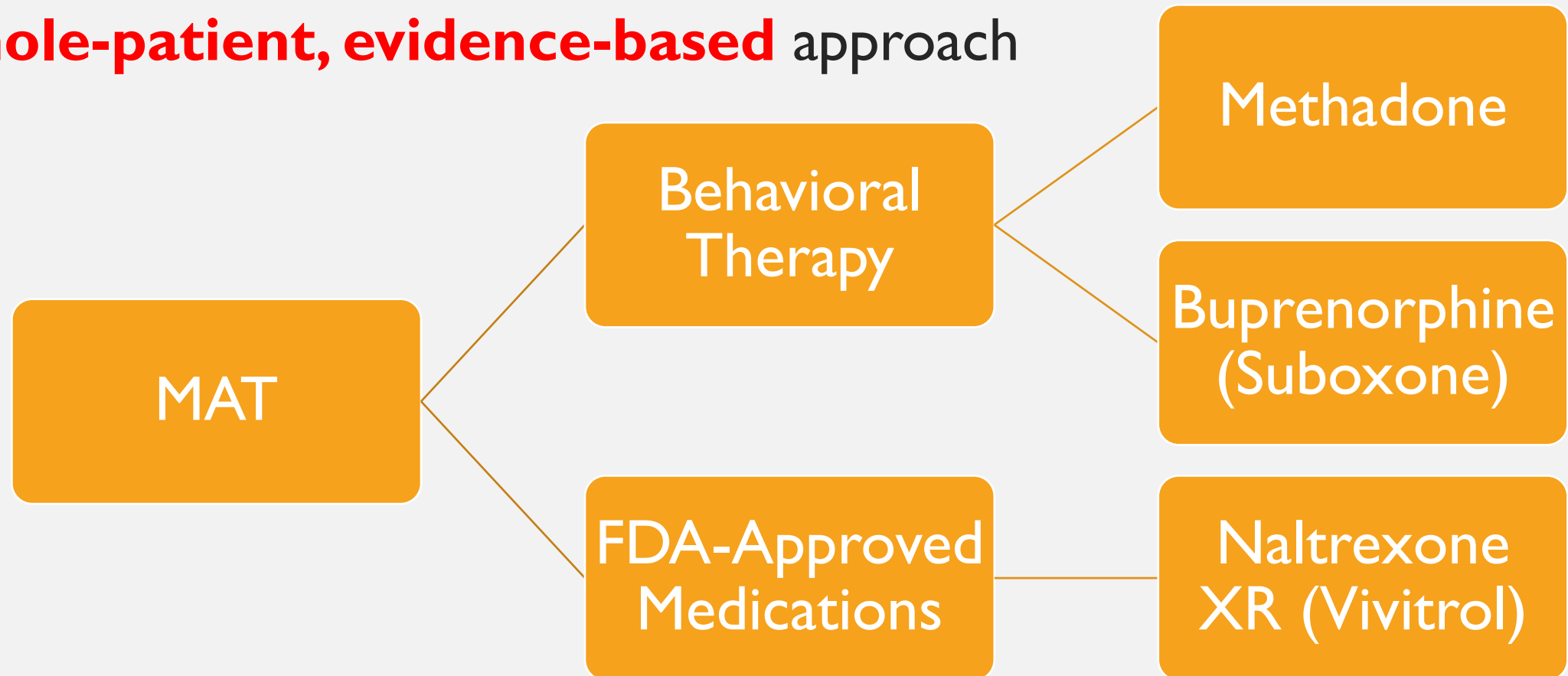
ASAM

ADDICTION IS A BRAIN DISEASE



MEDICATION-ASSISTED TREATMENT

Whole-patient, evidence-based approach



(ASAM National Practice Guidelines, 2020)

GOALS OF TREATMENT

- Relief of withdrawal
- Reduce opioid craving
- Opioid Blockade
- Restoration of the reward pathway.



MAT FOR OUD

Improves Retention in Treatment

Reduces overdose risk

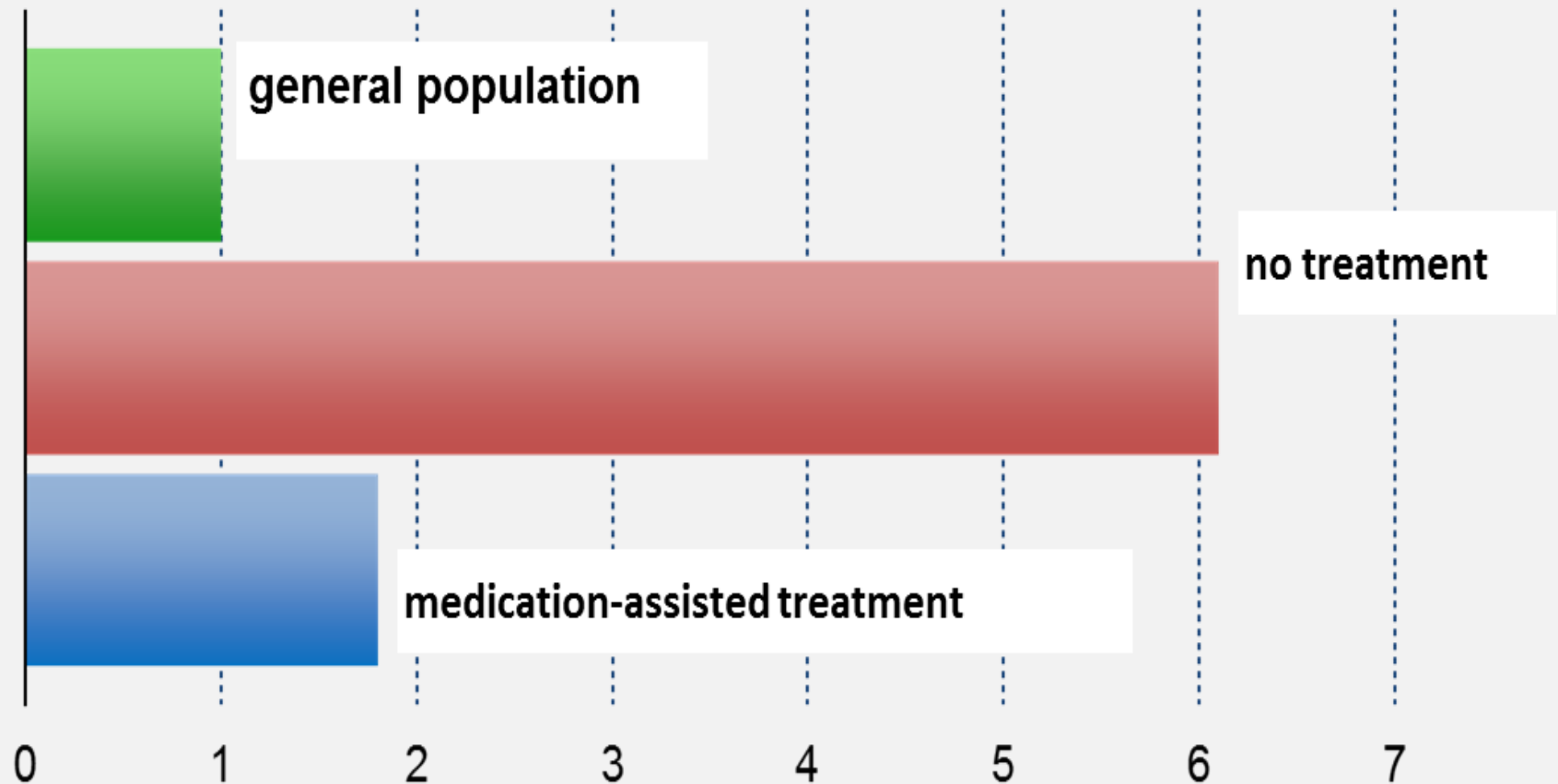
Increased abstinence from substance use

Lower risk of acquiring HIV/HEP C

Decreases Medical and SUD treatment costs

MORTALITY IN OUD

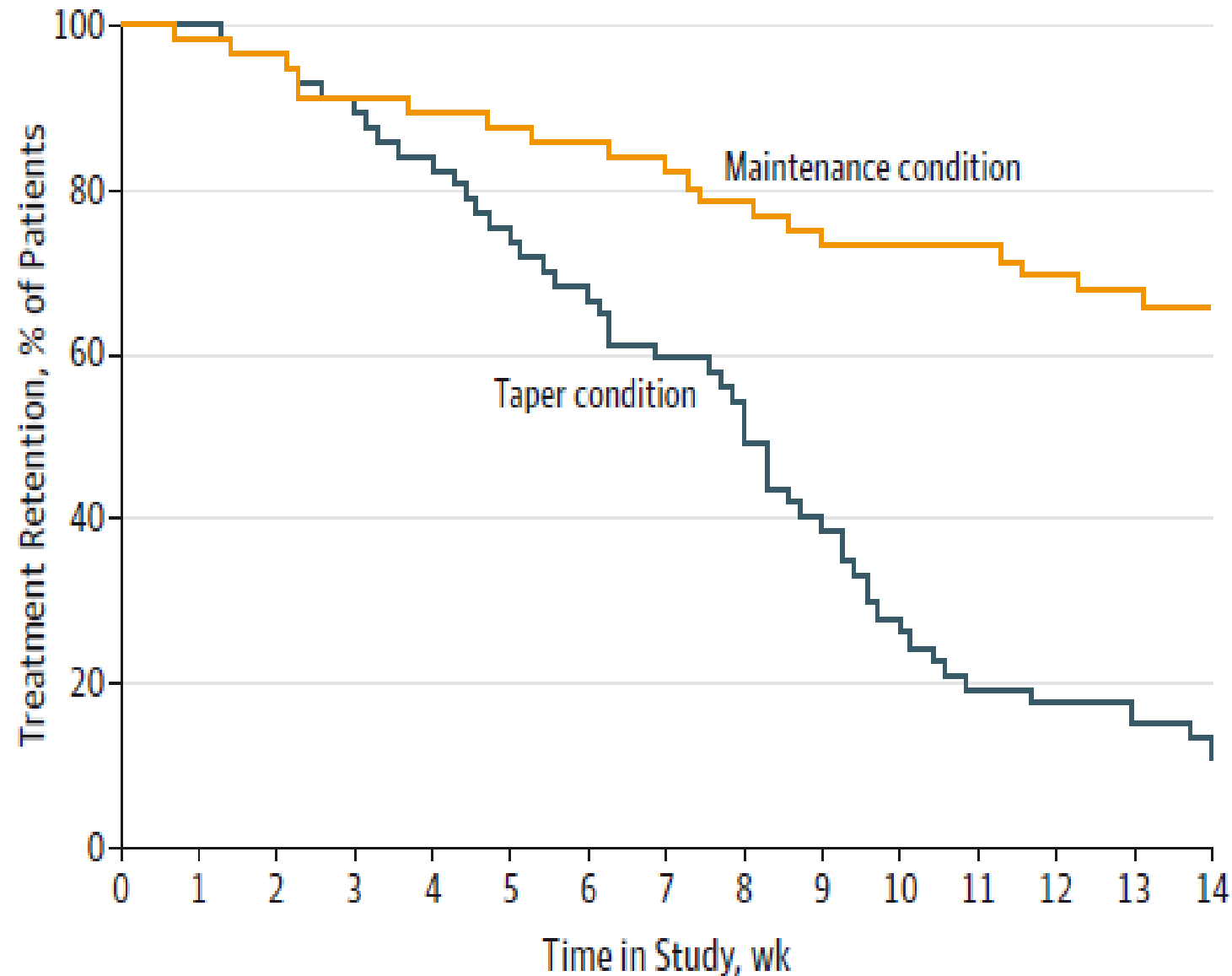
Death rates:



Dupouy et al., 2017

Evans et al., 2015

Sordo et al., 2017



TREATMENT RETENTION: TAPER VS MAINTENANCE

DETOX ISN'T TREATMENT

MEDICATIONS FOR OUD



Methadone



*Full agonist:
generates effect*

Buprenorphine



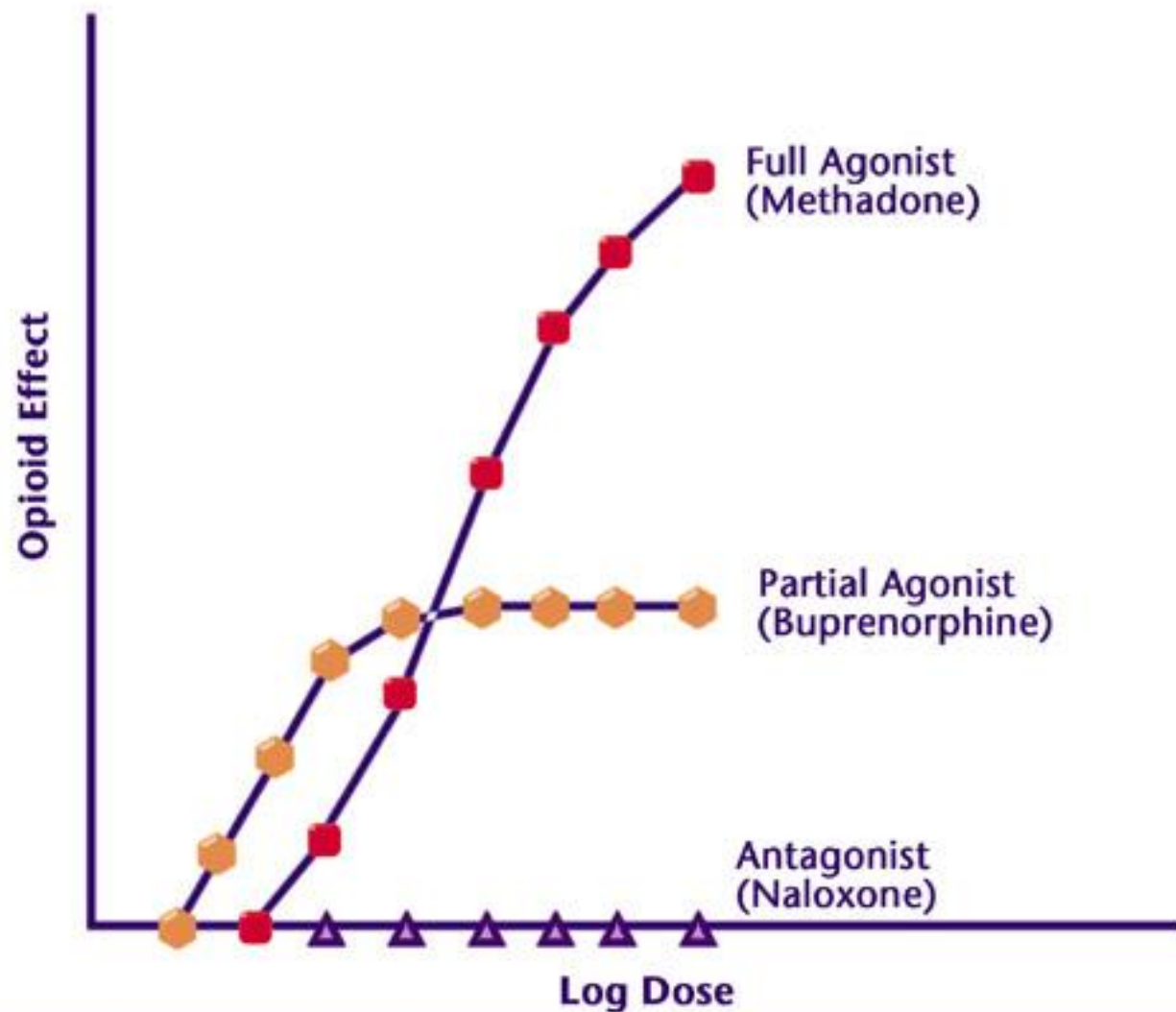
*Partial agonist:
generates limited effect*

Naltrexone



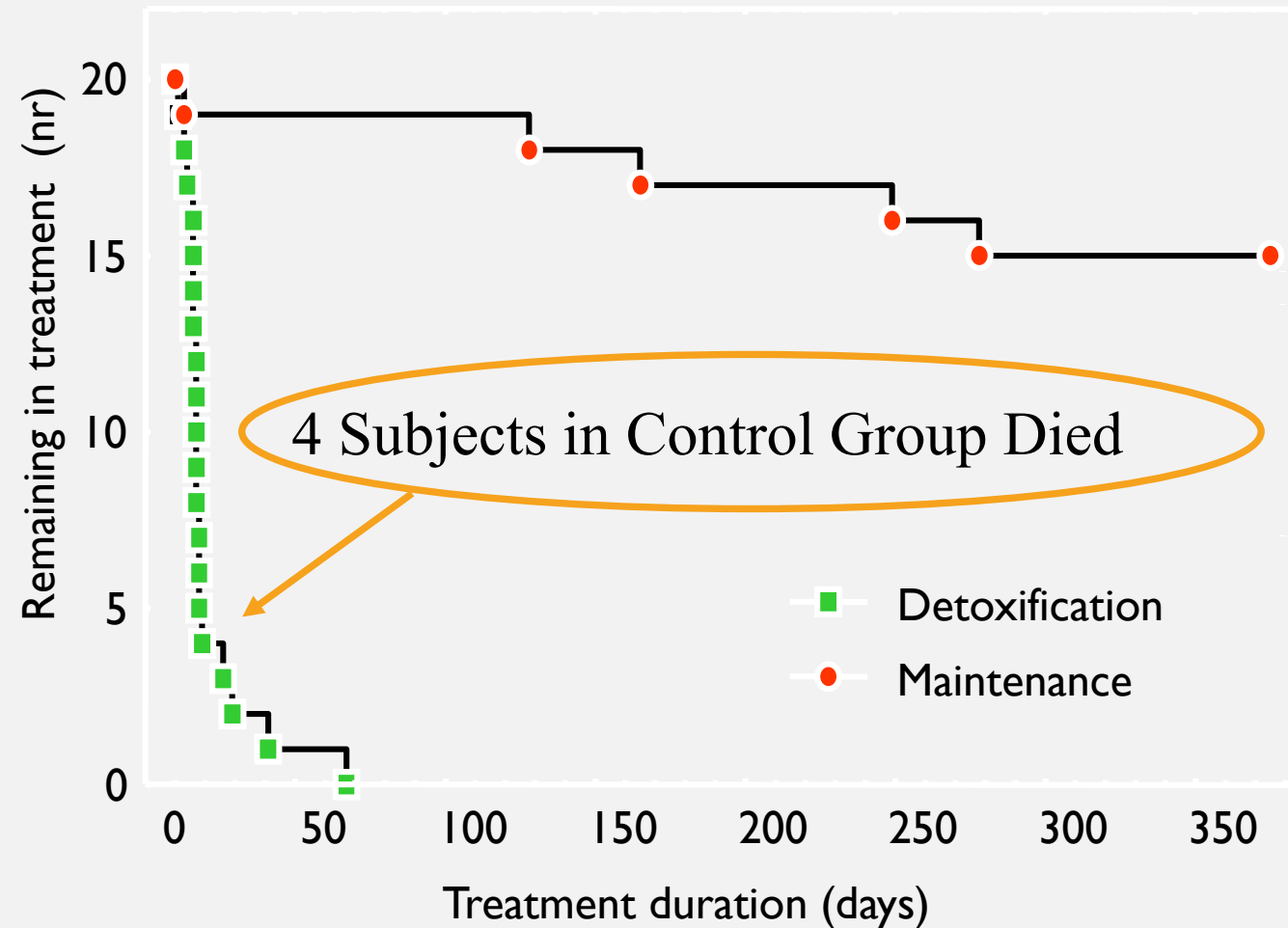
*Antagonist:
blocks effect*

BUPRENORPHINE PHARMACOLOGY



- **High Affinity**
(precipitated withdrawal)
- **Partial Agonist**
- **Slow dissociation** (ki)
- **Long Half-life** (37 hours)
- **Slow onset** (Peak is 45m – 2 hours)

BUPRENORPHINE VS. PLACEBO FOR HEROIN DEPENDENCE



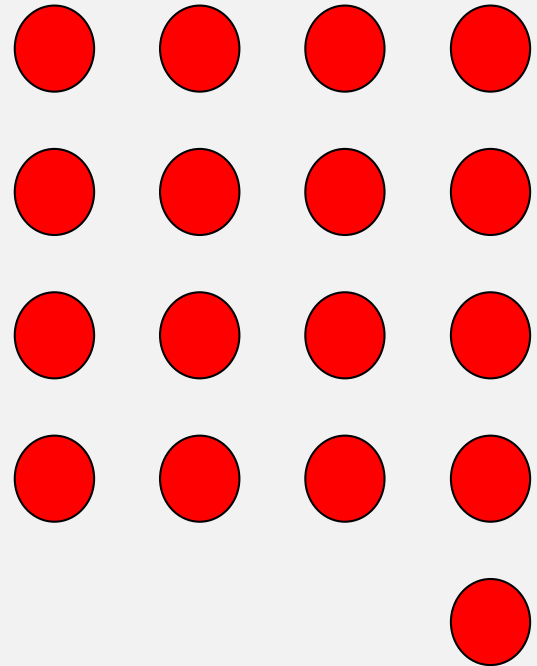


METHADONE PHARMACOLOGY AND DOSING

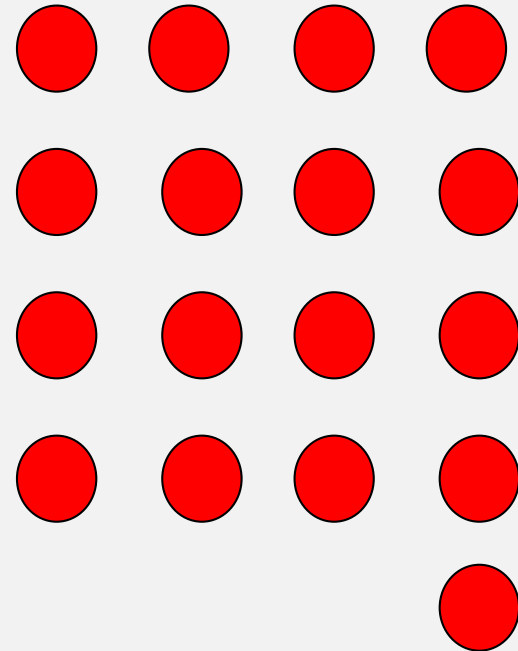
- **Full *agonist*** at mu opioid receptor
- Long half-life
- Can block other opioids from the receptor
- **MUST** be administered in a **certified opioid treatment program (OTP)** when given for OUD.

SWEDISH METHADONE STUDY (INTAKE)

Experimental Group
(Methadone)

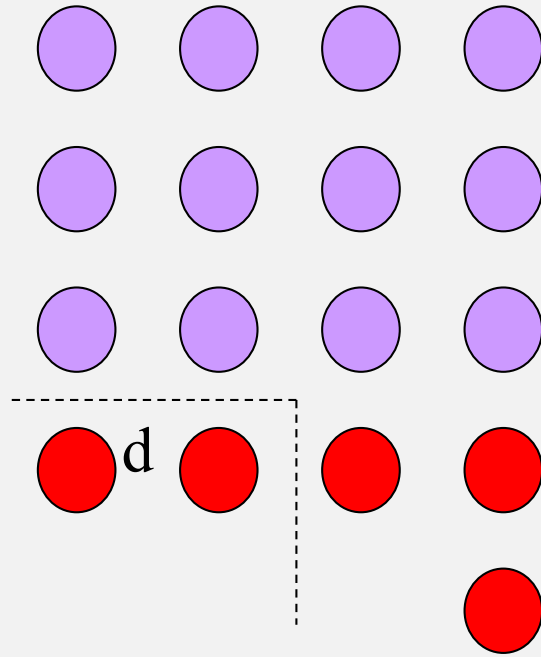


Control Group
(No Methadone)

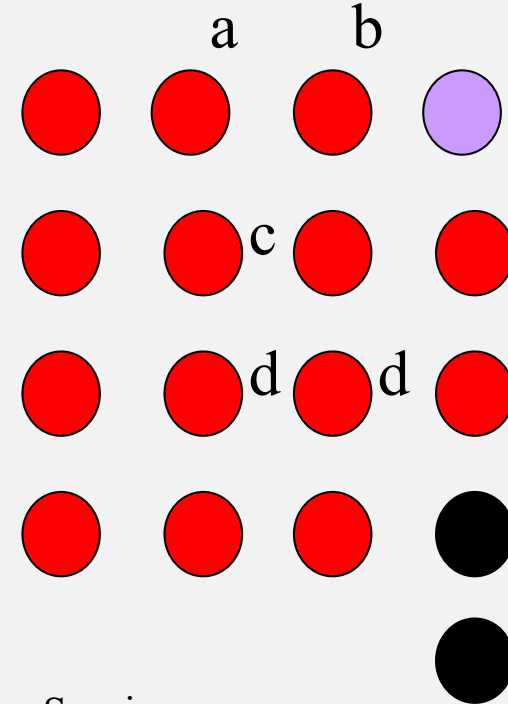


SWEDISH METHADONE STUDY (2-YEAR)

Experimental Group
(Methadone)



Control Group
(No Methadone)

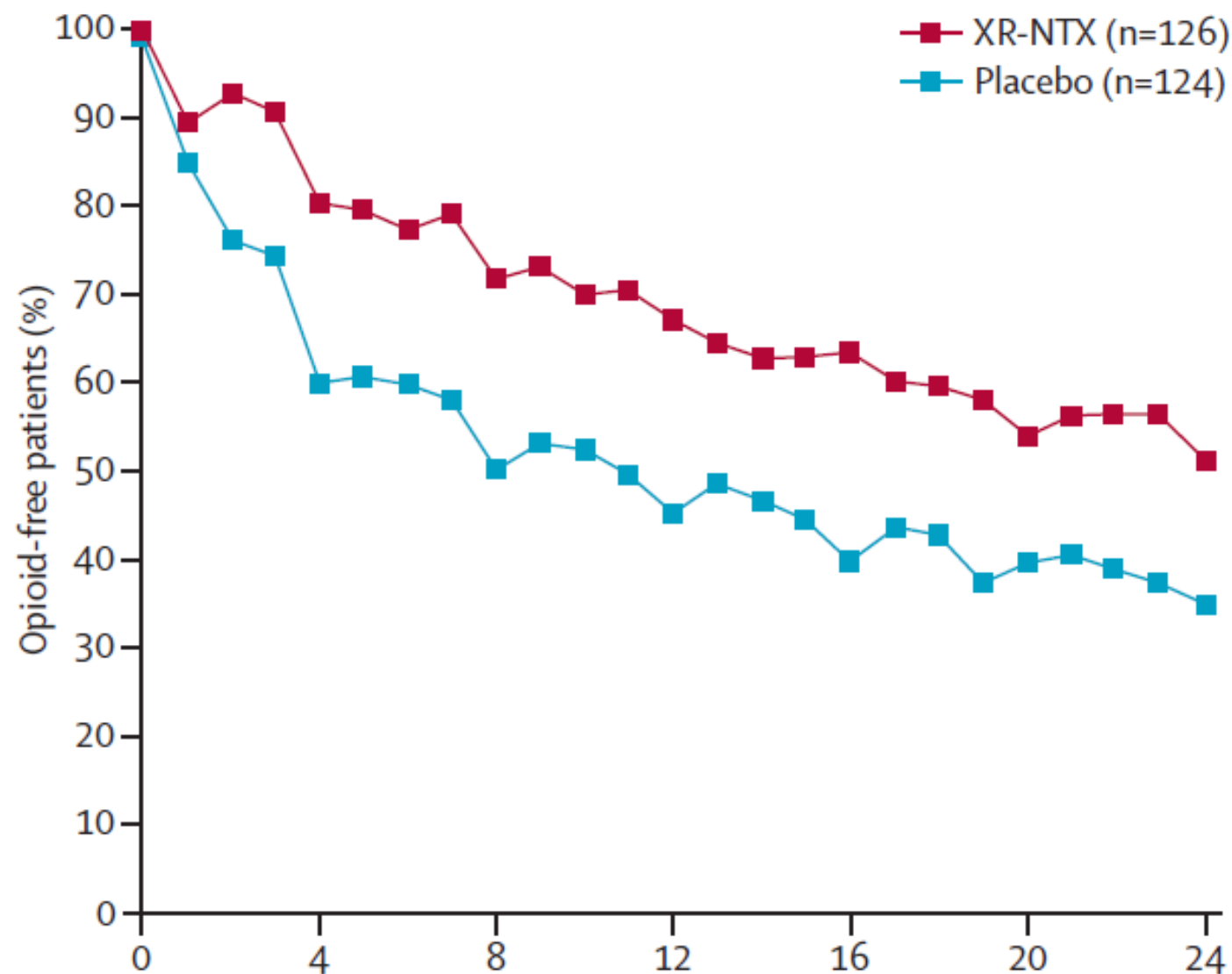


a Sepsis
b Sepsis and Endocarditis
c Leg Amputation
d In Prison

NALTREXONE XR FOR OUD

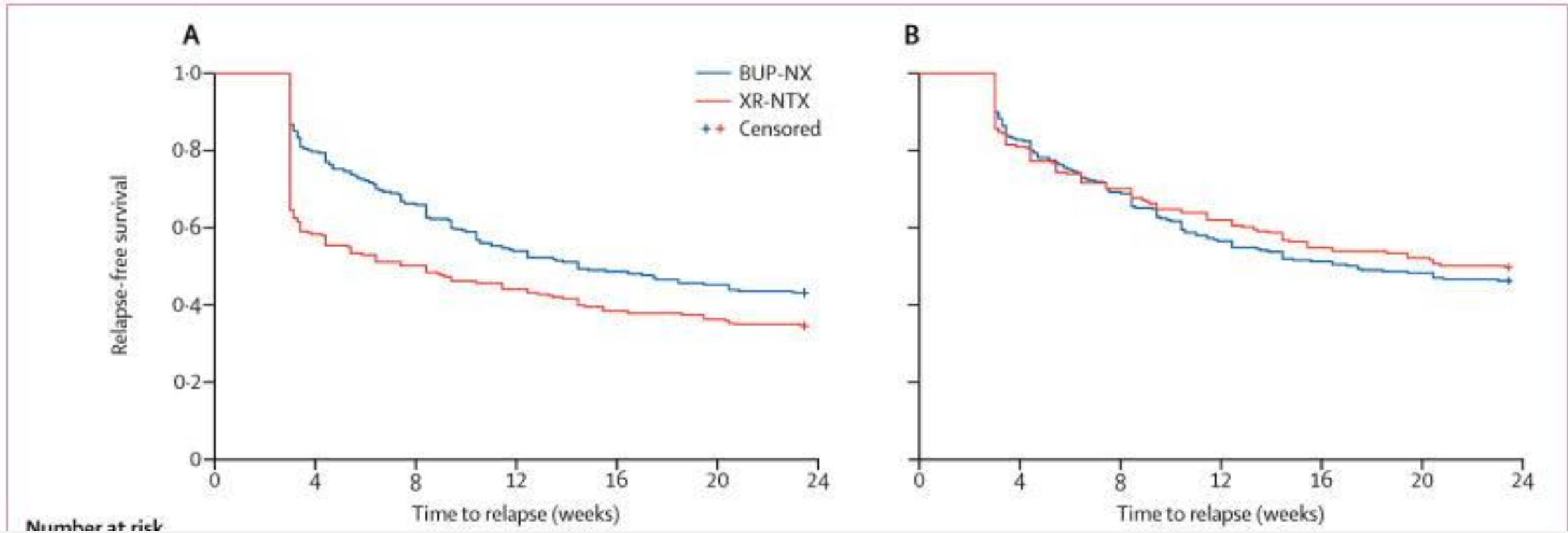
- **Full *antagonist*** at mu opioid receptor
- Requires **detoxification** before initiation or severe withdrawal will be precipitated (can use naloxone or naltrexone challenge)
- **Risk of OD** if medication stopped (note: **tolerance is lost** while on this medication)
- Superb treatment for selected patients
- As effective as buprenorphine ONCE inducted onto IM
- **DO NOT USE PO for OUD**

A



INJECTABLE EXTENDED- RELEASE NALTREXONE FOR OPIOID DEPENDENCE

XR-NALTREXONE VS BUPRENORPHINE/NALOXONE



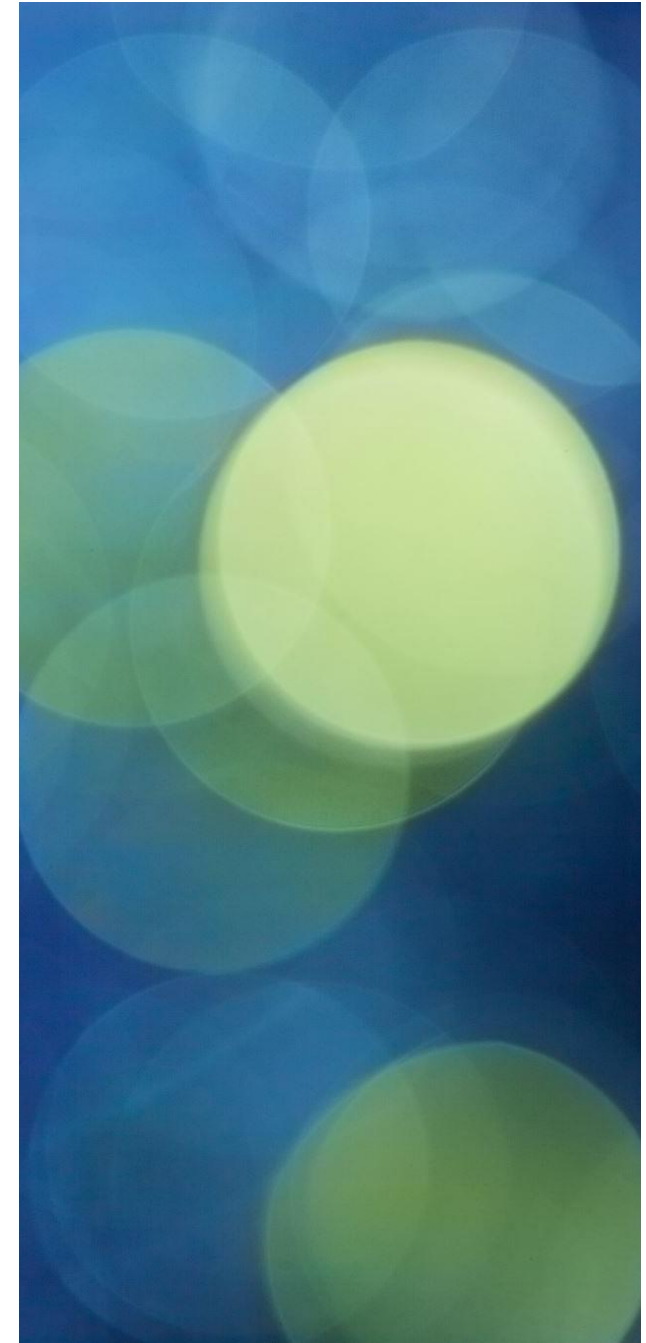
CLOSING THOUGHTS

Access to MAT is lacking. Only 20% of people who need MAT for OUD can access it (Wu, Drug Alcohol Depend., 2016)

Evidence is clear that medication is indicated for OUD treatment, even without psychosocial interventions (ASAM Practice Guidelines, 2020)

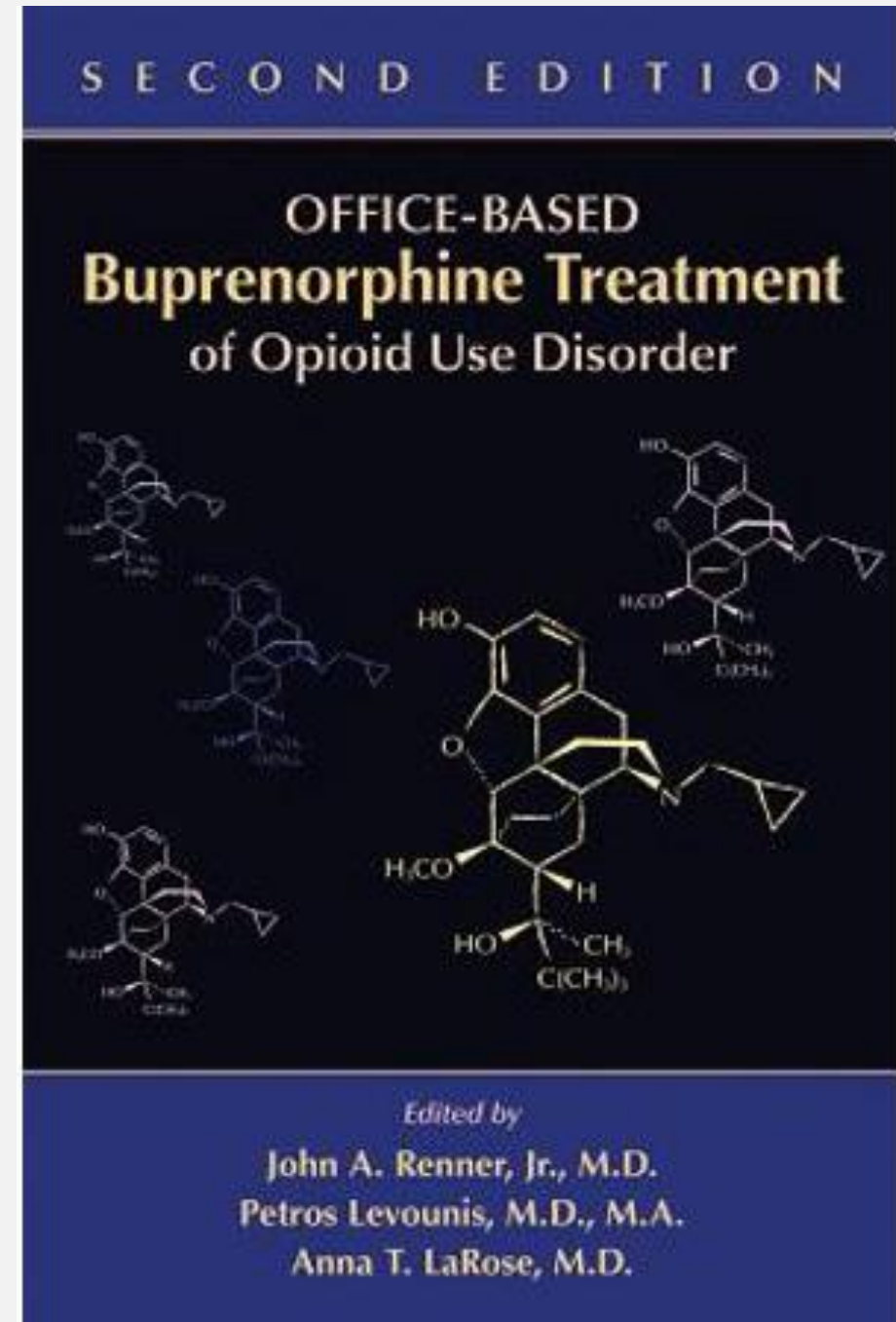
Most people with OUD spend their time out of treatment. (Krebs. Med Dec Making. 2017)

Multiple treatment episodes are needed to help achieve sustained abstinence from opioids. (Hser. J Subst Abus Treat. 1997)



RESOURCES

- [ASAM National Practice Guidelines – OUD](#)
- [Alaska Opioid Data Dashboard](#)
- [Alaska Medication Assisted Treatment guide](#)
- [Provider Clinical Support System](#)
- [National Institute on Drug Abuse](#)





QUESTIONS

Case Presentation

Project ECHO's goal is to protect patient privacy

- ▶ To help Project ECHO accomplish that goal, please only display or say information that doesn't identify a patient or that cannot be linked to a patient.
- ▶ **References:** For a complete list of protected information under HIPAA, please visit www.hipaa.com

Thank you for joining us today.
We appreciate your participation and hope
to see you at the **NEXT ECHO Session:**
April 8, 2021 from 12pm -1 PM

You will be receiving a follow up survey that we hope you will complete to help us improve. If you are requesting continuing education credits, you will be required to complete the survey to receive your CEs.

