

Opioid Use Disorder Primary Care Pathway

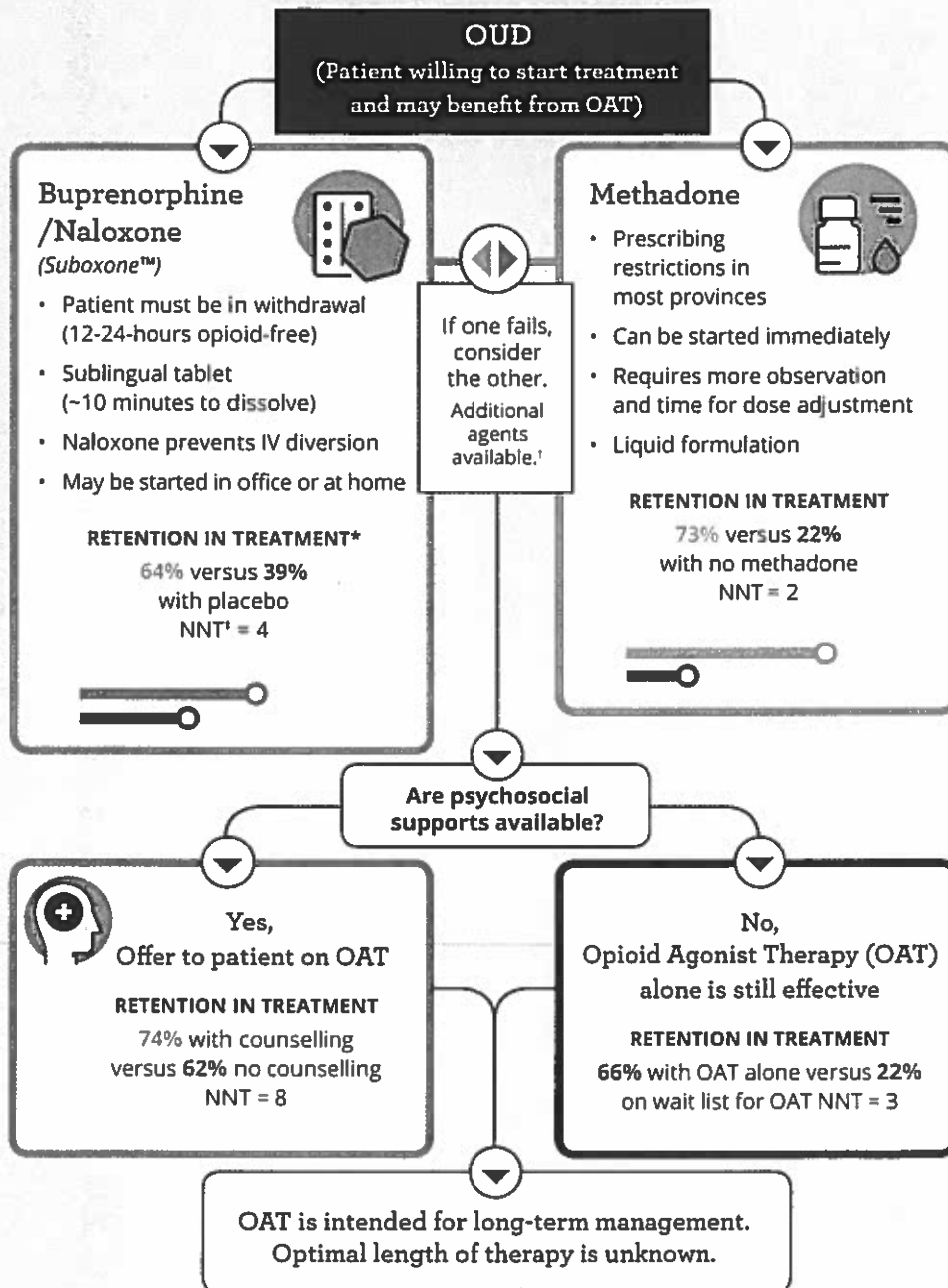


Consider Prescription Opioid Misuse Index (POMI) if patient receives prescription opioids and OUD is suspected.

Yes to ≥ 2 means diagnosis is more likely. If not, it is less likely.

DO YOU EVER:

- Use your medication more often, (shorten the time between doses), than prescribed?
- Use more of your medication, (take a higher doses) than prescribed?
- Need early refills for your pain medications?
- Feel high or get a buzz after using your pain medication?
- Take your pain medication because you are upset, to relieve or cope with problems other than pain?
- Go to multiple physicians /emergency room doctors, seeking more of your pain medication?



PRACTICE PEARLS

- Naloxone kits should be provided to all patients who are prescribed OAT.
- Avoid punitive measures. Continued drug use could suggest a need for treatment intensification.
- Stabilizing OUD may help with the management of chronic pain.

TREATMENT CONSIDERATIONS

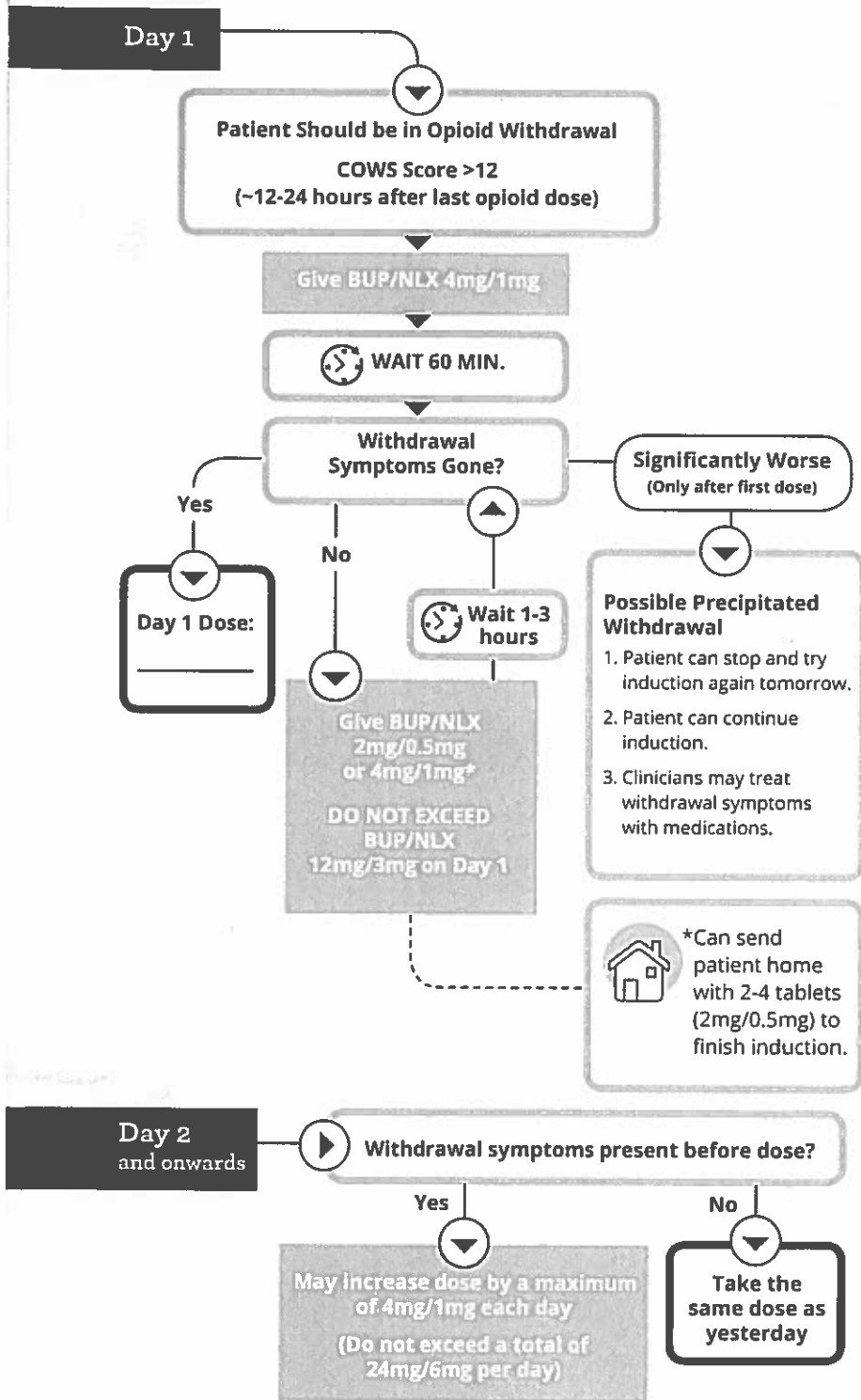
- Tailored to patient's needs and disease stability.*
- Treatment Agreement (Contract)**
To outline patient and provider expectations.
- Urine Drug Testing**
May be required by provincial regulations.

* Most trials report on retention in OAT treatment. While RCT data is limited on patient oriented outcomes, observational data suggests retention in treatment is associated with reduction in mortality and improvement in quality of life.

† Eg. Injectable naltrexone (opioid antagonist that requires 7-10 day opioid free period) not currently available in Canada, slow release morphine.

‡ NNT = Number Needed to Treat

Buprenorphine/Naloxone (BUP/NLX) Induction Flow Diagram



**Clinical Opiate Withdrawal Scale (COWS)
Score (0-48)[†]**
Category (Points), Clinician Administered

	WORSE →				
Resting Pulse Rate	0	1	2	3	4
Sweating	0	1	2	3	4
Observed Restlessness	0	1	2	3	5
Pupil Size	0	1	2	3	5
Bone or Joint Aches	0	1	2	3	4
Runny Nose or Tearing	0	1	2	3	4
Gastrointestinal Upset	0	1	2	3	5
Observed Tremor of Outreached Hands	0	1	2	3	4
Observed Yawning	0	1	2	3	4
Anxiety or Irritability	0	1	2	3	4
Gooseflesh Skin	0	1	2	3	4
TOTAL SCORE					

**Agents for Management of
Withdrawal Symptoms
(Including precipitated withdrawal)**

Symptom ▶ Agent	DIRECTIONS
Anxiety ▶ Clonidine	0.1mg PO Q4H PRN
Anxiety ▶ Quetiapine	25mg PO QHS PRN
Sleep ▶ Trazodone	50-100mg PO QHS PRN
Pain ▶ Ibuprofen	600mg PO Q6H PRN
Nausea ▶ Dimenhydrinate	50mg PO Q6H PRN
Nausea ▶ Ondanestron	4mg PO Q6H PRN
Diarrhea ▶ Loperamide	4mg, followed by 2mg after each loose stool (max:16mg/day)

[†] Full COWS Scoring Available at: <https://www.drugabuse.gov/sites/default/files/files/ClinicalOpiateWithdrawalScale.pdf>
For home induction, use patient administered Subjective Opiate Withdrawal Scale (SOWS) scoring available at: <http://www.bccsu.ca/wp-content/uploads/2017/08/SOWS.pdf>