Managing Medications for Opioid Use Disorder (MOUD) In Patients at Varying Stages of Change

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Project ECHO®

MEDICATION-ASSISTED TREATMENT CENTERS OF EXCELLENCE

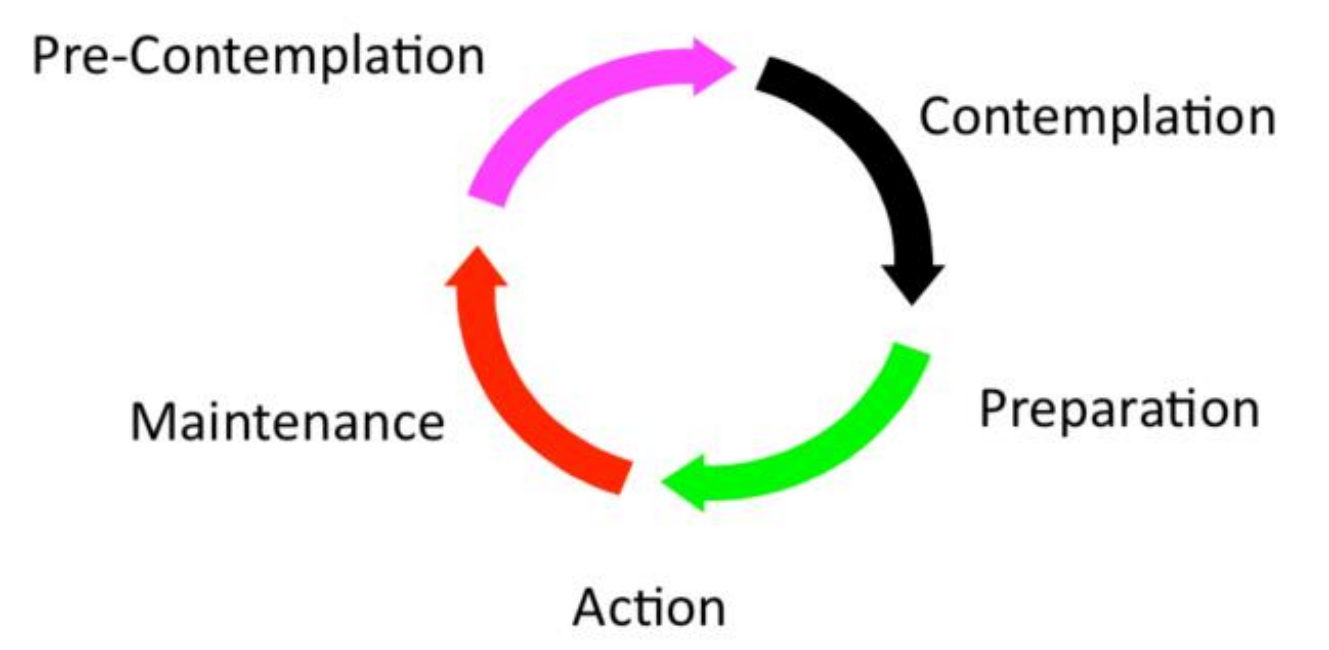
DISCLOSURES

- **Nothing to disclose**

OBJECTIVES

- Review Stages of Change
- Review Medications for Opioid Use Disorder (MOUD)
- Gain comfort discussing MOUD with patients at varying Stages of Change
- Discuss Harm Reduction for patients at varying Stages of Change

THE TRANSTHEORETICAL MODEL (STAGES OF CHANGE)



http://iusbirt.org/course1/stages-of-change-model/

TTM/STAGES OF CHANGE MODEL

Precontemplation:

- Patients do not intend to take action in the foreseeable future (defined as within the next 6 months)
- Patients may be unaware that their behavior is problematic or produces negative consequences
- Patients in this stage often underestimate the pros of changing behavior and place too much emphasis on the cons of changing behavior

TTM/STAGES OF CHANGE MODEL

Contemplation:

- Patients are intending to start the healthy behavior in the foreseeable future (defined as within the next 6 months)
- Patients recognize that their behavior may be problematic, and are able to engage in a more thoughtful and practical discussion of the pros and cons of changing behavior
- Patients may still feel ambivalent toward changing their behavior

TTM/STAGES OF CHANGE MODEL

Preparation:

- Patients believe changing their behavior can lead to a healthier life
- Patients are ready to take action within the next 30 days
- Patients may begin to take small steps toward the behavior change

TTM/STAGES OF CHANGE MODEL

Action:

- Patients have recently changed their behavior (within the last 6 months) and intend to keep moving forward with that behavior change
- Patients may acquire new healthy behaviors to support this change

TTM/STAGES OF CHANGE MODEL

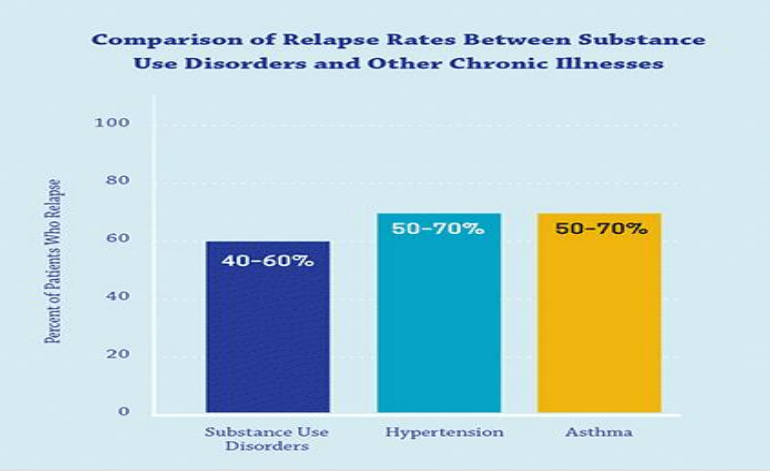
Maintenance:

- Patients have sustained their behavior change for a while (defined as more than 6 months) and intend to maintain the behavior change going forward
- Patients in this stage work to prevent relapse to earlier stages

TTM/STAGES OF CHANGE MODEL

Relapse:

- The sixth stage of change on some (less optimistic) models
- The recurrence of behavior of active disease after a period of remission
- Relapse rates are similar to rates for other chronic medical illnesses
- Does not mean that treatment has failed
- Is a part of the normal recovery process



https://www.drugabuse.gov/publications/drugs-brains-behavior-science-addiction/treatment-recovery

https://www.asam.org/docs/default-source/public-policy-statements/111pip_relapse_4-11.pdf?sfvrsn=b274212a_0#:~:text=Definitions,with%20the%20disease%20of%20addiction

MEDICATIONS FOR OPIOID USE DISORDER (MOUD)

There are 3 FDA approved medications for opioid use disorder

- **Methadone:** long-acting full opioid agonist
  - Requires attendance at a methadone program as often as 6 days a week
  - Programs provide structure, may have more counseling, case management, resources

MOUD CONTINUED

- **Buprenorphine:** partial opioid agonist
  - Prescribed by X-waivered (for now) physicians
  - Weekly-monthly prescription allows for less interruption in job, social, familial responsibilities
  - Comes in sublingual forms which are taken daily – TID, or once monthly subcutaneous injection

MOUD CONTINUED

- **Naltrexone:** Opioid receptor antagonist
  - No special provider licensing required
  - Comes in oral form which is taken daily, or once monthly intramuscular injection
  - May carry increased risk of overdose death if discontinued due to decrease in tolerance

MOUD FOR PATIENTS AT VARYING STAGES OF CHANGE

- There is sparse data on initiating MOUD for patients at varying stages of change
- Some research has been published on treating nicotine use disorder at varying stages of change

PRECONTEMPLATION

- MOUD prescription unlikely to be successful
- Engage in Motivational Interviewing via Brief Intervention
  - Educate the patient about the effects of substance use
  - Recommend changes in behavior
  - List options for achieving behavioral change
  - Discuss the patient's reactions to the your feedback and recommendations
  - Follow up to monitor and reinforce behavioral change

Mallin R. Smoking cessation: integration of behavioral and drug therapies. Am Fam Physician. 2002 Mar 15;65(6):1107-14. PMID: 11925087.

CONTEMPLATION

- Interventions to consider once the patient believes that drug use is a problem and that risks outweigh benefits of continuing:
  - Providing further education about the effects of opioid use
  - Encouraging the patient to consider the positive aspects of not using, such as:
    - improved health
    - a more positive self-image
    - economic savings
    - fewer legal problems
    - improved relationships with family

PREPARATION

- Once the patient is preparing to make a change, it is appropriate to discuss MOUD and make an individualized plan for their treatment strategy
- Things to consider:
  - Insurance status, other documentation needed to obtain medications (ID)
  - Living situation (homelessness, do other people at home use drugs?)
  - Social supports and triggers
  - Access to transportation
  - History of quit attempts – have they used MOUD before? NA/AA? Counseling/spirituality? What helped? What didn't?
  - Medical/psychiatric comorbidities, chronic pain

ACTION AND MAINTENANCE STAGES

- During these stages, patients are taking MOUD if prescribed, though relapses are common
  - Soefflin, et al 2009: Amongst 145 patients (56.9%) of patients who were on buprenorphine for 12 months, less than 2/3 of their months were opioid-negative

- Close guidance needed to avoid precipitated withdrawal if prescribing buprenorphine or naltrexone

- During the action stage, visits for MOUD should be more frequent to ask about withdrawal symptoms and cravings and titrate medications, or add others for symptomatic relief as necessary

ACTION AND MAINTENANCE STAGES

- Ask the patient about perceived benefits from abstinence, side effects of medications, and current or anticipated difficulty in maintaining abstinence – these conversations are often surprising!
- Healthy substitution behaviors may help to prevent relapse
- Be empathic towards the patients to develop a beneficial patient-provider relationship!

HARM REDUCTION

- Harm reduction is a set of practical strategies and ideas aimed at reducing negative consequences associated with drug use
- Calls for the non-judgmental, non-coercive provision of services and resources to people who use drugs and the communities in which they live in order to assist them in reducing attendant harm
- Understands drug use as a complex, multi-faceted phenomenon that encompasses a continuum of behaviors from severe use to total abstinence, and acknowledges that some ways of using drugs are clearly safer than others

https://harmreduction.org/about-us/principles-of-harm-reduction/

HARM REDUCTION

- Establishes quality of individual and community life and well-being — not necessarily cessation of all drug use — as the criteria for successful interventions and policies
- Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm

MOUD AS HARM REDUCTION

MOUD can:

- Reduce opioid use and symptoms related to opioid use disorder
- Reduce the risk of infectious disease transmission
- Reduce the chances of an overdose related death

EVEN IF PATIENTS RELAPSE OR CONTINUE TO USE!

HARM REDUCTION AT ANY STAGE

- PLEASE always prescribe naloxone to patients using opioids
- Discuss other overdose prevention techniques e.g. using a test dose, not using alone, etc.
- Educate patients who inject drugs on local needle exchanges, how to clean syringes

THANK YOU!

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