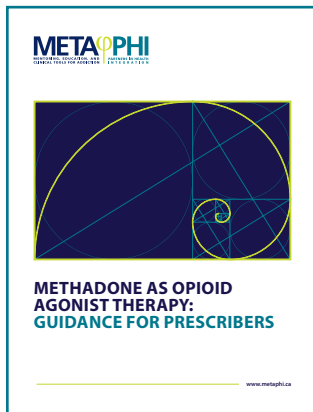


METHADONE AS OPIOID AGONIST THERAPY



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INTRODUCTION

Methadone is a medication that helps people manage opioid withdrawal (often called “dopesickness”) and cravings. Methadone has been around for a long time, but there have been lots of changes in the past few years to how it is prescribed. The fact that the drug supply is very different than it used to be (fentanyl) makes it really important that health care providers prescribe methadone in a way that’s safe and helps people feel better and stay in treatment.

Who are we?

- 9 people: 7 people with clinical expertise of methadone (5 doctors, 1 nurse practitioner, and 1 pharmacist) and 2 people with lived expertise of methadone.
- Together, we talked about the evidence for methadone, our personal and professional experiences with it, its risks and benefits, and what we think prescribers, pharmacists, and patients need to know about it.

What’s our goal?

Our goal is to give health care providers information about prescribing methadone in a way that’s helpful, safe, and supportive. This summary of our [recommendations](#) is for people who want to know more about how health care providers make decisions about prescribing methadone.

RECOMMENDATIONS

Choosing a medication

There are 4 main medications that people can take to help with opioid use: methadone, sublingual buprenorphine (Suboxone), injectable buprenorphine (Sublocade), or slow-release oral morphine (Kadian). The best medication for someone depends on their health conditions and other medications they're taking, their current substance use and goals, and any experiences they've had with medications for opioid use in the past. It's helpful for the patient and their health care provider to look at a decision aid tool together when deciding what medication to try. Every situation is different, but here are some specific situations that might make methadone a good choice for someone:

- They have high opioid tolerance from using fentanyl.
- They've been on methadone before and want to take it again.
- Other medications didn't help their withdrawal and cravings enough.
- They had bad side effects on other medications.
- They're at risk of stopping other medications.

There are also some situations where methadone might not be the best choice:

- Methadone is risky for people who have health conditions like irregular heart rhythms, sleep apnea, or COPD.
- Buprenorphine (Suboxone or Sublocade) might be a better choice for young people and for people who are older, have serious health problems, or who take only pills from a pharmacy rather than fentanyl.
- Methadone is more dangerous for people who drink alcohol or take sedating medications like benzos.

People should also know about the side effects of the different medications before making a choice:

- These medications are all opioids, and all opioids can cause sweating, constipation, dry mouth, headache, itchiness, and weight gain.
- Kadian and methadone can both cause sedation or a "high" feeling at higher doses.
- Buprenorphine has the mildest side effects (although the Sublocade injection can leave a bump on the skin and can be painful or itchy).

Starting doses

The right starting dose of methadone depends on a person's opioid tolerance and their risk of toxicity (harms) from methadone.

People's opioid tolerance can be **low**, **moderate**, **high**, or **very high**:

- **Low tolerance:** People who use small amounts of weaker opioids (like codeine or Percocet)
- **Moderate tolerance:** People who use higher doses of opioid pills every day but don't regularly use fentanyl
- **High tolerance:** People who use fentanyl (less than a gram) or heroin every day, people who inject morphine or hydromorphone tablets, or people who take high doses of pills orally (swallow them)
- **Very high tolerance:** People who use more than a gram of fentanyl every day

People can have a **high risk of toxicity**, a **risk of toxicity**, or **no major risk of toxicity**:

- **High risk of toxicity:** People who are older or have lots of health conditions, people who drink a lot of alcohol or take high doses of sedatives like benzos, and people who haven't used opioids in at least a few days
- **Risk of toxicity:** People who drink sometimes or take smaller amounts of sedatives like benzos, people who take certain medications that are dangerous to mix with methadone, and people with sleep apnea or liver problems
- **No major risk of toxicity:** People who don't have other health conditions, don't use other substances, and aren't taking any medications that are dangerous to mix with methadone

We recommend different starting doses for people with different levels of tolerance and risks of toxicity:

Tolerance + Risk of Toxicity	Starting Dose
Low tolerance OR high risk of toxicity	5–10 mg (or Suboxone/Sublocade)
Moderate tolerance AND risk of toxicity	10–20 mg
Moderate tolerance AND no major risk of toxicity	20–30 mg
High tolerance AND risk of toxicity	20–30 mg
High tolerance AND no major risk of toxicity	30–40 mg
Very high tolerance AND no major risk of toxicity AND has recently been on a high dose of methadone for several days in a row	40–50 mg

Some people with high or very high tolerance have found that taking Kadian along with their methadone helps control their withdrawal symptoms better, especially early in treatment. This is something that health care providers should talk about with people to see if it's a good choice for them. For people starting Kadian and methadone together, we recommend a maximum methadone dose of 30 mg to start.

Increasing doses

Because methadone can cause overdose, especially in the first 4 weeks of taking it, prescribers need to be careful not to raise the dose too quickly. Doses are usually raised by 5–15 mg every 3 to 7 days. It's important not to miss a dose, or a dose increase might have to be delayed.

The "right" dose will stop a person's withdrawal sickness for a full day without making them feel tired.

Missed doses

Missing 4 or more doses of methadone in a row lowers people's tolerance, which means the dose has to be adjusted. We recommend the following adjustments when people miss doses:

Days missed	Dose	Increases
3 (person comes in on Day 4)	Stay at same dose	Raise dose as usual (10–15 mg every 3 days)
4 (person comes in on Day 5)	Half the dose OR 40 mg, whichever is more	Raise dose 10 mg daily for 3 days (don't go higher than the previous dose), then raise dose as usual
5+ (person comes in on Day 6 or later)	Restart	Raise dose 10–15 mg every 3–5 days

Carries

At the beginning of methadone therapy, people have to take all their doses at the pharmacy, but as time goes on, some people may start to get doses to take at home (carries). We recommend following the guidance in META:PHI's document [A New Approach to Methadone Carries](#), which bases decisions about carries on whether the carries can be kept safe, how long the person has been taking methadone, and how stable they are.

Providing care

Methadone therapy isn't just about methadone. The relationship between a person taking methadone and their health care provider is very important—people taking methadone should feel respected, listened to, and like what they want matters. Health care providers should make sure they're really listening to the person in their care, offering supports they might need (like referrals to counselling, a dentist, or housing help), and working with them to meet their substance use goals.