ABSTRACTS WRITTEN

Buprenorphine Treatment as an Alternative to Orthopedic Surgery in Patients on Prescription Opiates with Lumbosacral or Cervical Spine Disc Disease

R Chavez, W. Dillin and L. Amass
The P.A.I.N. Institute, Inc., Redondo Beach, CA and Kerlan-Jobe and Friends Research Institute, Inc. Los Angeles, CA, 2006

Presented at the 67th Annual Conference of College on Problems of Drug Dependency, Scottsdale, Arizona, 2006

INSTITUTIONS
- The P.A.I.N. Institute, Inc., Redondo Beach, CA, USA.
- Kerlan-Jobe, Los Angeles, CA, USA.
- Friends Research Institute, Inc., Los Angeles, CA, USA.

ABSTRACT BODY: Buprenorphine's analgesic properties are well known, but using the sublingual tablet (Subutex/Suboxone) pre-operatively to stabilize pain in opiate dependent chronic pain patients awaiting orthopedic surgery is unique and novel. Worsening pain in these patients may be due to opioid induced hyper-algesia and mistaken as a signal to proceed with surgery. Buprenorphine's anti-hyper-algesic effects may benefit these patients by reducing pain and enabling surgery to be postponed or cancelled. This report describes results with 18 opioid tolerant patients taking prescription opiates for severe pain due to lumbosacral (n=16) or cervical spine (n=2) disc disease. All patients were preoperative and referred before scheduling surgery by orthopedic and neuro surgeons to The P.A.I.N. Institute for buprenorphine treatment. Patients (11 male; 7 female) averaged 48 years old (range 33-69) and were mostly white (89%), insured (83%), working (95%) and college educated (95%).

Patients had been maintained on prescription opiates for a mean of 4.9 years (range 1-15), 12 had none and 6 had between 1 and 5 prior surgeries. After treatment with Subutex (n=13) or Suboxone (n=5), 89% (16/18) no longer required surgery. Surgery is being considered for 1 patient after 13 months on Subutex and another had surgery and has since returned to Subutex. To date, 89% (16/18) have continued buprenorphine maintenance at a mean daily dose of 19.1 mg (range 1-32) for a mean of 16.7 months (range 2-31). No patient has become tolerant to buprenorphine, nor has there been any medication misuse, diversion or safety issues. Pain ratings on a 10-pt scale averaged 6.9 before and decreased to 2.7 during treatment. These clinical findings support using Subutex/Suboxone for pain reduction in preoperative, opiate dependent chronic pain patients. The potential medical and economic benefits of buprenorphine treatment for avoiding surgical complications, time and work lost, and monetary costs to society are tremendous

IMPROVEMENT IN PAIN LEVELS AFTER TREATING OPIOID DEPENDENT CHRONIC PAIN PATIENTS WITH BUPRENORPHINE.

Rick Chavez, M.D.[1,2], Leslie Amass, Ph.D.[3], Jonathan B. Kamien, Ph.D.[3] and Lynette Prucha[2]

[1]UCLA School of Medicine, Los Angeles, CA, [2]The Pain Institute at Little Company of Mary, Redondo Beach, CA, and [3]Friends Research Institute, Inc., Los Angeles, CA

Presented at 3rd World Congress, World Institute of Pain, September 21-25, 2004 "Pain Advances in Research and Clinical Practice," Barcelona, Spain.

AIM OF INVESTIGATION: Managing opioid dependent patients with chronic pain is challenging and hampered by limited treatments. We explored buprenorphine sublingual tablets (BUP) for treating 65 opioid-dependent patients (34 male) with chronic severe pain at a multidisciplinary pain management center in Redondo Beach, CA.

METHODS: Patients received medical and psychological assessment at entry. Open-label treatment included maintenance or medically-supervised withdrawal using BUP over varying periods of time, urine drug screening, on-going pain assessment using a 0-10 rating scale, monitoring of adverse events and centralized case management. Concomitant medications were prescribed according to medical and psychiatric disorders. Patients averaged 47 years old (range 18-87), 6.4 years of opioid dependence (range 0.25-30) and prior treatment attempts for opioid dependence had been unsuccessful. To control pain, all patients used prescription Opioids (legally and illegally) and 5 also used heroin. Pain ratings at initial evaluation averaged 6.5 ± 0.2 (SEM). Common co morbid disorders included depression, anxiety, and musculo-skeletal maladies. All patients had stopped using Opioids before starting BUP 2 mg and BUP 8 mg tablets, two to four times per day, were prescribed according to patient need. Maintenance doses averaged 14.7 ± 1.1 (SEM) mg/day and maintenance are ongoing in 81% of patients.

RESULTS: Average pain ratings declined to 2.9 ± 0.3 (SEM) on maintenance BUP, and ongoing medical and non-substance abuse-related psychiatric problems were stabilized.

CONCLUSIONS: BUP therapy safely and effectively managed opioid-dependent Pain patients with co morbid chronic severe pain and reduced their pain ratings. Additional controlled research is needed to evaluate BUP for treating these opioid addicted patients.

Buprenorphine Tablet Treatment for Opioid Dependence in Patients With Co-morbid Chronic Severe Pain

Rick Chavez, M.D. 1,2, Leslie Amass, Ph.D. 3, Jonathan B. Kamien, Ph.D. 3, and Lynette Prucha, MA 2

1UCLA School of Medicine, Los Angeles, CA, 2The Pain Institute at Little Company of Mary, Redondo Beach, CA, 3Friends Research Institute, Inc., Los Angeles, CA

Oral Presentation at The 66th Annual Meeting of The Conference on Problems in Drug Dependence (CPDD), San Juan, PR 6/04

AIM OF INVESTIGATION: Managing opioid dependent patients with chronic pain is challenging and hampered by limited treatments. We explored buprenorphine sublingual

tablets (BUP) for treating 65 opioid-dependent patients (34 male) with chronic severe pain at a multidisciplinary pain management center in Redondo Beach, CA.

METHODS: Patients received medical and psychological assessment at entry. Open-label treatment included maintenance or medically-supervised withdrawal using BUP over varying periods of time, urine drug screening, on-going pain assessment using a 0-10 rating scale, monitoring of adverse events and centralized case management. Concomitant medications were prescribed according to medical and psychiatric disorders. Patients averaged 47 years old (range 18-87), 6.4 years of opioid dependence (range 0.25-30) and prior treatment attempts for opioid dependence had been unsuccessful. To control pain, all patients used prescription Opioids (legally and illegally) and 5 also used heroin. Pain ratings at initial evaluation averaged 6.5 ± 0.2 (SEM). Common co morbid disorders included depression, anxiety, and musculo-skeletal maladies. All patients had stopped using Opioids before starting BUP 2 mg and BUP 8 mg tablets, two to four times per day, were prescribed according to patient need. Maintenance doses averaged 14.7 ± 1.1 (SEM) mg/day and maintenance are ongoing in 81% of patients.

RESULTS: Average pain ratings declined to 2.9 ± 0.3 (SEM) on maintenance BUP, and ongoing medical and non-substance abuse-related psychiatric problems were stabilized. CONCLUSIONS: BUP therapy safely and effectively managed opioid-dependent Pain patients with co morbid chronic severe pain and reduced their pain ratings. Additional controlled research is needed to evaluate BUP for treating these opioid addicted patients.

Buprenorphine Treatment for Opioid Dependence in Patients with Co-morbid Chronic Severe Pain: An Open-Label Case Study Analysis

R Chavez and L Amass. UCLA School of Medicine, Los Angeles, CA and The Pain Institute at Little Company of Mary, Redondo Beach, CA; and Friends Research Institute, Inc., Los Angeles, CA

Poster presentation at "6th Annual Conference on Pain and Chemical Dependency in New York City, February 13-15, 2004"

Buprenorphine-only and buprenorphine-naloxone sublingual tablets became available for treating opioid dependence in the US in March 2003. Managing opioid dependent patients with multiple chronic pain issues is challenging and has been hampered by limited or non-existent effective treatments.

Objectives/aim: We explored using buprenorphine tablets for treating 13 opioid-dependent patients (8 male, 5 female) with chronic severe pain seeking treatment at a multidisciplinary pain management center in Redondo Beach, CA.

Methods: Patients received medical and psychological assessment at treatment entry. Open-label treatment included either maintenance or medically-supervised withdrawal using buprenorphine-only tablets over varying periods of time, urine drug screening, and ongoing pain assessment using a 0-10 rating scale, monitoring of adverse events and centralized case management. Concomitant medications were prescribed according to medical and psychiatric needs.

Results: Patients averaged 44 years old (range 34-68); 5 years of opioid dependence (range 2-10) and prior treatment attempts had been unsuccessful. To control pain, all patients used prescription Opioids (legally and illegally) and one patient also used heroin. Twelve patients requested addiction treatment; one patient became aware of her addiction after physician counseling. Pain ratings at initial evaluation averaged 7.4 (range 5-9). Common co morbid disorders included depression, anxiety, non-opioid substance dependence, and muscular-skeletal maladies. Two and 8 mg buprenorphine-only tablets, two to four times per day, were prescribed according to patient need. All patients were offered, but declined, once per day dosing. Maintenance averaging 12.7 mg/day (range 4-24) is ongoing in all but one patient who has since discontinued buprenorphine. All patients successfully withdrew from prescription Opioids within 5 days of starting buprenorphine, average pain ratings declined to 2.8 (range 0.5-7), and ongoing medical and non-substance use disorder psychiatric problems became stable. The most common side effects were extreme sleepiness, fatigue, migraine headaches, dizziness, disorientation and nausea, but reports were few, appeared dose dependent and eventually resolved.

Conclusions: Buprenorphine-only tablet therapy safely and effectively managed opioid-dependent patients with co morbid chronic severe pain and reduced their pain ratings. Additional controlled research to evaluate buprenorphine's role in treating this sub-population of opioid addicted patients and examine the role of other factors on their treatment outcome is needed.