

# Managing Withdrawal

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# Managing Withdrawal

Dr. Trish Uniac

Day in Psychiatry 2018

## **Declaration of Conflict of Interest:**

**I DO NOT** have any affiliation (financial or otherwise) with any for-profit or not-for-profit organizations.

**I DO INTEND** to make therapeutic recommendations for medications that have not received regulatory approval (e.g. “off-label” use).

# Managing Withdrawal

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This 2018 Day in Psychiatry educational event has received unrestricted educational grants from the following organizations:

- Lundbeck
- Otsuka
- Janssen
- Purdue
- Shire
- Sunovion
- The KW Pharmacy
- HLS Therapeutics

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Honoraria for this year's Day in Psychiatry 2018 CPD event are paid through the Grand River Hospital Foundation.

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Mitigating Potential Conflicts of Interest:

**Not applicable**

I will specifically identify any therapeutic recommendations that have not yet received regulatory approval (Off label recommendations).

# Managing Withdrawal

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## **Learning Goals**

- A. Define addiction, withdrawal, dependence
- B. Update on treating withdrawal symptoms of alcohol, opiates, and stimulants
- C. Review how to treat addiction to help patients avoid relapse
- D. Understand the role of the Rapid Addictions Access Clinic (RAAC) and how to liaise with this service

# Addiction

- primary chronic disease of brain reward, motivation and memory
- reward circuitry strengthened by positive reinforcement (social atmosphere, feeling good physically), and removal of irritants like pain and anxiety

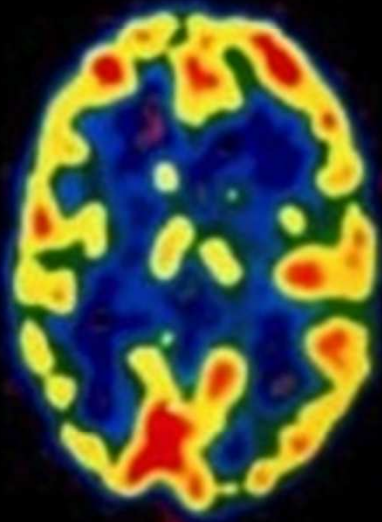
# Withdrawal/Dependence

- withdrawal is the collection of symptoms that present when a person is without a substance that they have become dependent on

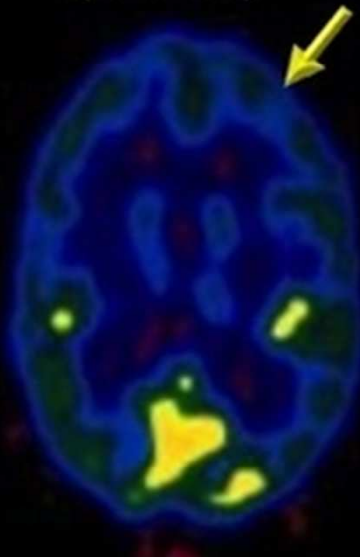


# The Cocaine Abuser's Brain

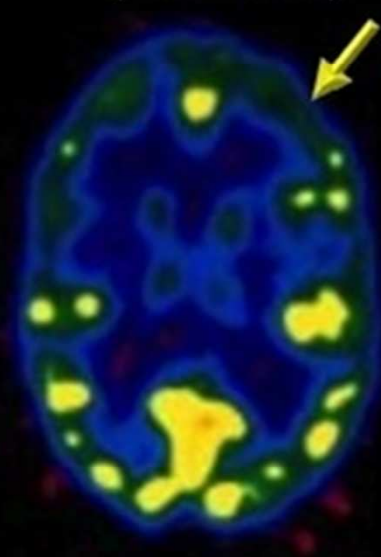
Comparison  
Subject



Cocaine Abuser  
(1 week)



Cocaine Abuser  
(3 months)



Low frontal metabolism may contribute to the loss of control seen in addiction

# General Principles for Treating Addiction

- routinely check in for stages of change
- offer help with withdrawal symptoms
- treat this like a chronic disease

# Billing for Addiction Treatment

- K680 is an out of basket, time based code (20 minutes)
- Dx codes – alcohol 303, all substances 304

# General Principles of Treating Withdrawal

- reduces risk of relapse
- basic comforts and structure
- education, connect to professionals
- treat symptomatically

# General Principles of Treating Withdrawal



# Treating Alcohol Withdrawal

- CIWA with diazepam
- Gabapentin 300mg PO TID x1 week
- Thiamine 100mg PO daily x 5 days

# Anti-Craving Medication, Alcohol

## Naltrexone

- Opiate receptor blocker
- believed to curb cravings in other use d/o's
- 25mg - 150mg daily
- LUC 532
- does not require a special license
- pt does not need to be abstinent

# Anti-Craving Medication, Alcohol

## Acamprosate

- glutamate agonist (insomnia, craving, dysphoria)
- 666mg TID
- LUC 531



# Anti-Craving Medication, Alcohol

## Gabapentin

- off label use
- 300mg BID - TID, up to 600mg TID
- consider Lyrica
- needs to be weaned off

# Anti-Craving Medication, Alcohol

## Disulfuram (Antabuse)

- acetaldehyde build up in the system
- 250mg PO daily
- needs to be compounded
- only if the patient wants to take it
- punishment doesn't work for behaviour change

# Anti-Craving Medication, Alcohol

## Topiramate

- off label use
- modulates GABA system, also good with binge eating disorder
- 25mg BID to 150mg BID
- renal dosing at 50%
- need to wean off

# Treating Opiate Withdrawal



# Treating Opiate Withdrawal

## Medications

- trazodone 100mg qhs x3-5 days
- clonidine (off label use) for autonomic symptoms
  - the “creepy crawlies”
  - 0.1mg up to QID x 4 -14 days

# Treating Opiate Withdrawal

## Medications

- gabapentin - irritability
  - 300mg BID to TID x 1 week then r/a
- decongestant spray for up to a week
- buprenorphine once patient is in moderate withdrawal

# Treating Opiate Cravings

## Buprenorphine (Suboxone)

- review course available

<http://www.suboxonecme.ca/>

- comes in 2 and 8 mg tabs

# Treating Opiate Cravings

- office induction
  - assess in moderate withdrawal
  - Rx 4mg
  - reassess same day
  - Rx 4 - 8mg
  - see again in 2-3 days



# Treating Opiate Cravings

Prescriptions require:

1. Patient's full name
2. Patient's health card number
3. Your CPSO number
4. The dates you are prescribing the medication (e.g. November 7 to November 20 inclusive)
5. Specify if dose is to be observed or to be taken home
6. Specify total number of each size tab required and the number to be dispensed each time (e.g. Q: 6x2mg tabs and 3x8mg tabs M: 2x2mg and 1x8mg tabs daily, witnessed dosing)

# Treating Opiate Cravings

- have regular visits to monitor mood, cravings, do broad spectrum toxicology urines
- dispensing - daily, biweekly, weekly
- if patient relapses, restart process with goal dose being the same dose where cravings were minimized

# Treating Opiate Cravings

- consider methadone
- stopping buprenorphine
  - maintain on the dose that minimizes cravings for at least 6 months
  - wean off slowly, 1 - 2 mg q 2 weeks

# Treating Stimulant Withdrawal

- manage expectations
  - dysphoria, hunger, fatigue, anxiety
- psychosis - trial olanzapine 2.5mg BID and titrate up PRN
  - consider psychiatry referral if continues
- clonidine - young women with trauma histories
- consider gabapentin

# Treating Stimulant Cravings

- not a lot here yet unfortunately
- mixed evidence for Concerta and Vyvanse, bupropion (all off label)
- psychoeducation and counselling

# What is a RAAC?

- Rapid Access Addictions Clinic
- access to addictions medicine and advice on community resources
- medical services covered by OHIP



# What is a RAAC?

- educate, counsel, medically treat those with substance use disorders who are ready for change

# What a RAAC is Not

- not a pain clinic
- not a methadone clinic



# What happens at the RAAC?

- meets a peer support worker
- meets our counsellor
- urine screening
- assessment by the provider with a special interest in addictions (NP or MD)

# How to Access the RAAC

- drop in, self referral, referral from PCP
- first come first served, may be a long wait on their first day

# Where are the RAACs

Guelph: Mondays, 9-3, 176 Wyndham St, in the basement, the Guelph CHC building

Kitchener: Mondays, 9-3, 52 Glasgow St, the community withdrawal building of GRH

Cambridge: Fridays, 9-3, 13 Water St. N (rear of the building), the nurse practitioner led clinic



# When Your Patient is Discharged Back to Your Care

- will return to you when stabilized
- final note will include information about continued care
- our door is always open for questions and reassessment
- your patient will be connected to community resources

# Resources

## Education:

**Metaphi** - a free education resource for clinicians, go to the provider section for information. Includes a very helpful handbook on treating addiction.

[www.metaphi.ca](http://www.metaphi.ca)

**Free online addictions diploma:** <https://www.bccsu.ca/about-the-online-addiction-medicine-diploma/>

**Suboxone CME** - <http://www.suboxonecme.ca/>

**SBIRT** for counselling patients with use disorders:

[http://www.cfpc.ca/uploadedFiles/Resources/\\_PDFs/CFPCCCSA%20Alcohol%20Screening%20Brief%20Intervention%20and%20Referral.pptx.pdf](http://www.cfpc.ca/uploadedFiles/Resources/_PDFs/CFPCCCSA%20Alcohol%20Screening%20Brief%20Intervention%20and%20Referral.pptx.pdf)

# Resources

## Scales

**CIWA** (alcohol withdrawal scoring):

<https://www.womenscollegehospital.ca/assets/pdf/MetaPhi/CIWA%20scale.pdf>

**COWS** (opiate withdrawal scoring):

[https://www.aoaam.org/resources/Documents/Clinical%20Tools/Clinical\\_opiate\\_withdrawal\\_s.pdf](https://www.aoaam.org/resources/Documents/Clinical%20Tools/Clinical_opiate_withdrawal_s.pdf)

# Resources

## Counselling and Addictions Medicine:

**OTN Hub** - there are several addictions medicine physicians who take econsults

**Community Withdrawal Support Services:** 1-844-722-2977

**House of Friendship:** <https://www.houseoffriendship.org/> (Day programs, residential programs, counselling)

**Stonehenge Therapeutic Community:** <https://stonehengetc.com/> (residential treatment, outreach counselling and withdrawal support)

**CADS:** (outpatient addictions counselling in Guelph, Fergus, Mount Forest, Orangeville through Homewood): <https://homewoodhealth.com/health-centre/resources/community-addiction-service/overview>