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Health
South Eastern Sydney
Local Health District



Withdrawal from LAIB: an observational prospective case series of residential withdrawal from Buvidal

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Acknowledgements

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Aim

To characterise the profile of the withdrawal syndrome in people discontinuing long-acting depot buprenorphine (LADB)

Observational Case Series

Setting: WHOS Residential Rehabilitation OSTAR program, Rozelle, Sydney

Participants: Long term (>3/12) LAIB/SL BPN treatment, not withdrawing from other substances, no other major health conditions, seeking to withdraw off OAT

Interventions: 64 mg dose of Buvidal monthly on Day 1 & no more BPN

Access to NSAIDs, paracetamol, temazepam (limited)

Psychosocial program of OSTAR program

Outcomes: Follow up for up to 16 weeks post Buvidal dose

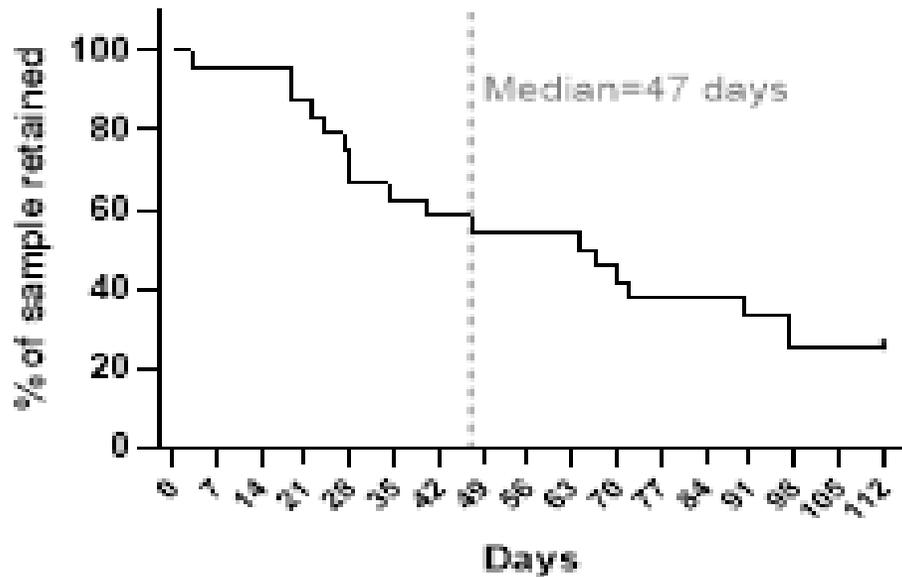
Withdrawal (COWS, OOWS SOWS), cravings, PROMIS-29, consumer perspectives, (sleep actigraphy and subjective ratings)

Participants

47 screened

- 20 ineligible or did not consent
- 25 enrolled

Study Retention



N=18 retained >4 weeks after dose

		Buvidal (n=25)
Age, M (SD)		37.0 (6.5)
Sex, n (%)	Male	17 (68%)
	Female	8 (32%)
Aboriginal, n (%)		8 (32%)
Education, n (%)	Left before Yr 10	7 (28%)
	Attained Yr 10	8 (32%)
	Attained Yr 12	5 (20%)
	Attained Tertiary	5 (20%)
Homeless, n (%)		6 (24%)
Any substance use in previous 28 days, n (%)	Alcohol	2 (8%)
	Cannabis	1 (4%)
	Amphetamine	5 (20%)
	Benzodiazepines	6 (24%)
	Heroin	3 (12%)
Opioid use history	Age of first treatment, M (SD)	25.8 (6.9)
	Heroin main type of opioid, n (%)	23 (92%)
	Came off OAT for 1 month or more once or more, n (%)	21 (80%)
	When came off OAT (n=21), stayed off for ≥6/12, n (%)	13 (65%)

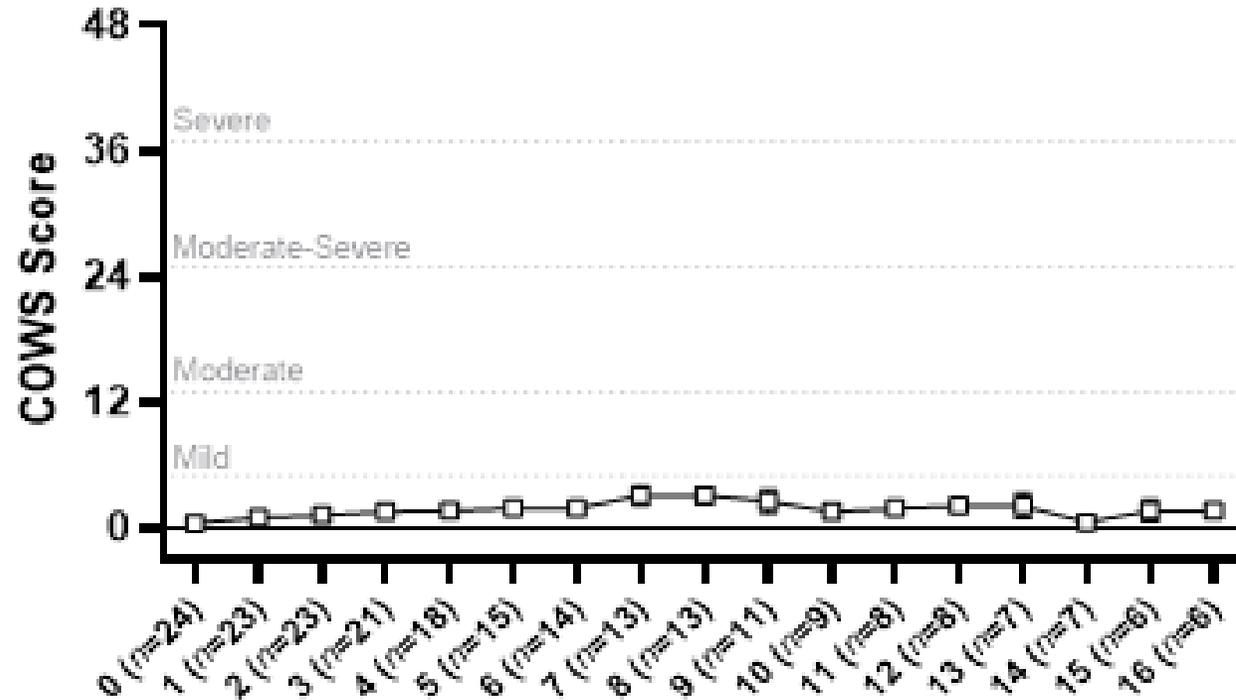
Clinical Opioid Withdrawal Scale (n=18 beyond Week 4 after last dose)

Clinical Thresholds

- 5-12 = Mild;
- 13-24 = Moderate;
- 25-36 = Moderately severe;
- >36 = Severe withdrawal

Highest possible score = 48

(a) Clinical Opiate Withdrawal Scale



Maximum COWS Score

Mean max score = 4.2 (2.9)

13/18 (72%) COWS_{Max} 'subclinical'

5/18 (28%) COWS_{Max} in mild withdrawal range

0% for moderate / severe withdrawal

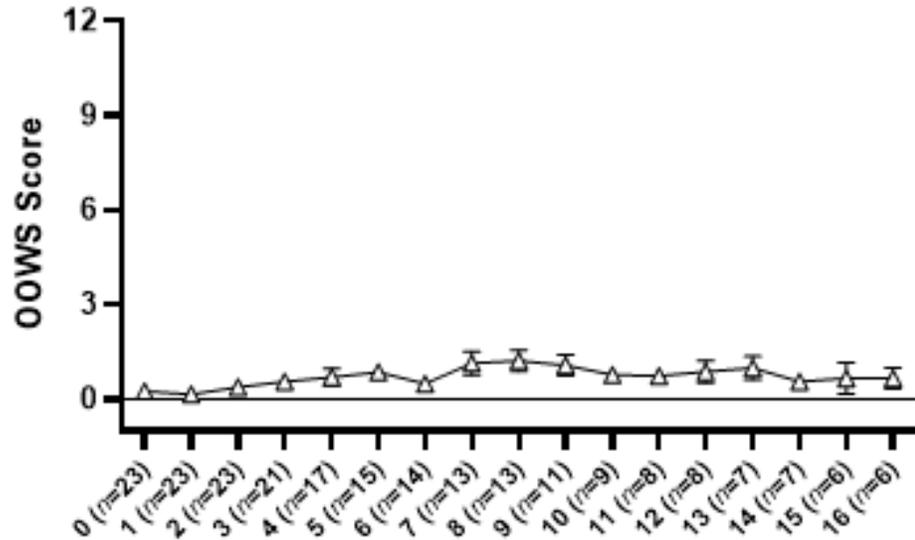
Time to Max COWS Score

Mean T_{max} score = 5.8 weeks (2.9)

Median T_{max} score = 5.5 weeks (IQR=4, 8)

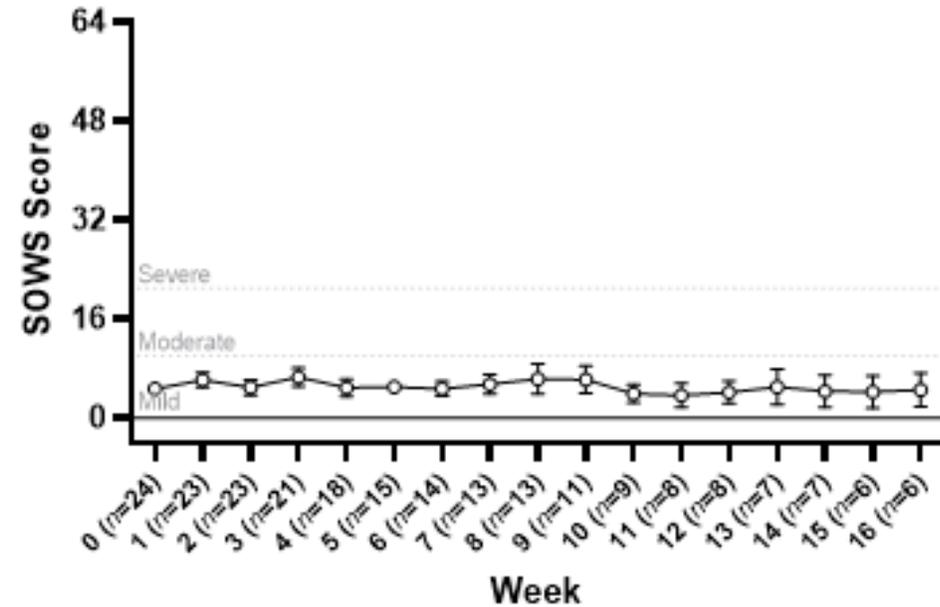
Objective and Subjective Opiate Withdrawal Scale

(b) Objective Opiate Withdrawal Scale



Mean max score = 1.9 (1.3)

(c) Subjective Opiate Withdrawal Scale



Mean max score = 11.0 (7.9)

3/18 (17%) subclinical (SOWS Score <4)

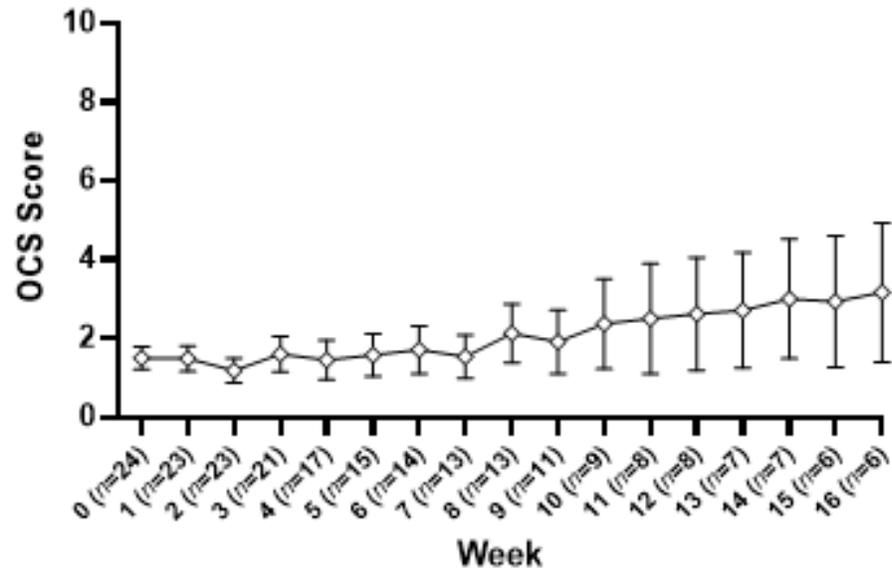
11/18 (61%) mild withdrawal (SOWS score 4-12)

4/18 (22%) moderate withdrawal (SOWS score 13-32)

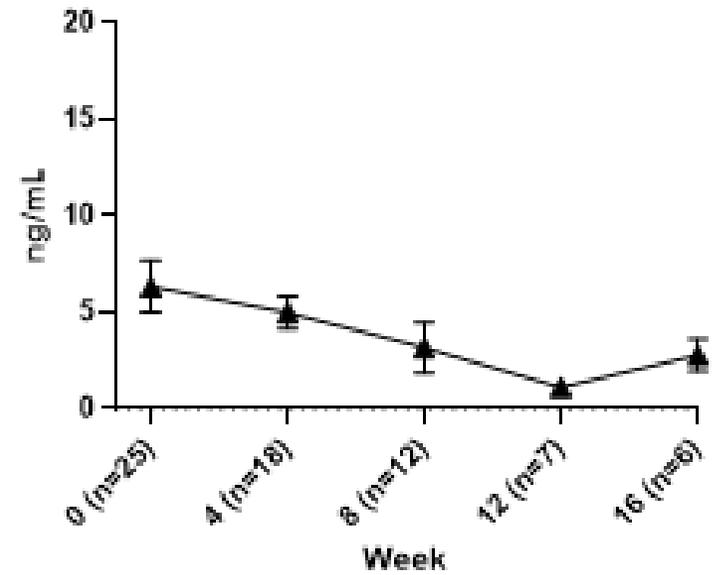
0/18 severe withdrawal (SOWS score 32-64)

Mean Time to peak SOWS = 4.8 (3.8)

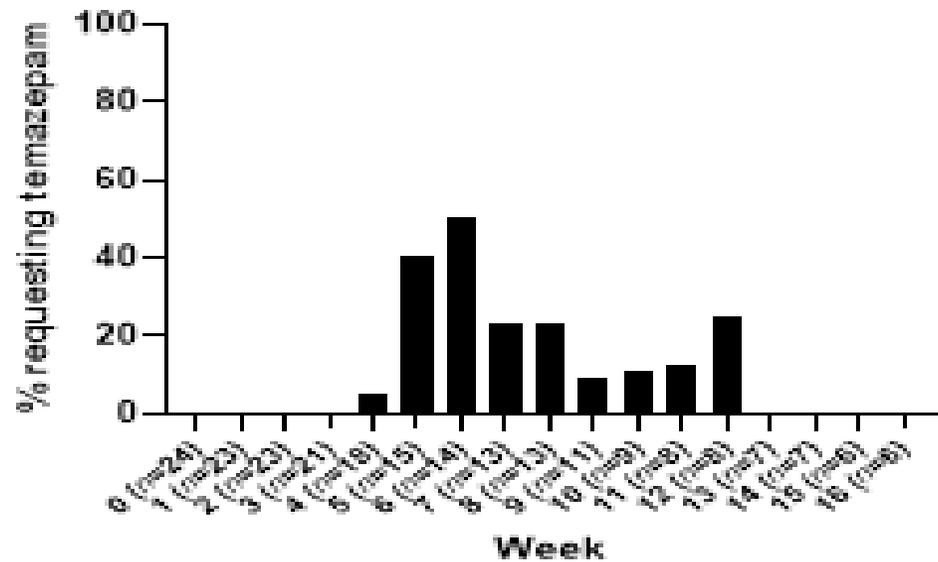
(d) Opioid Craving Scale



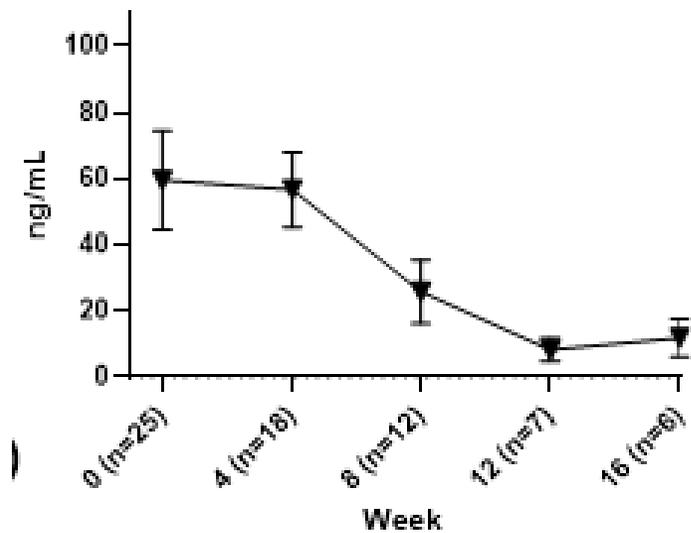
Urinary buprenorphine



Temazepam Requests

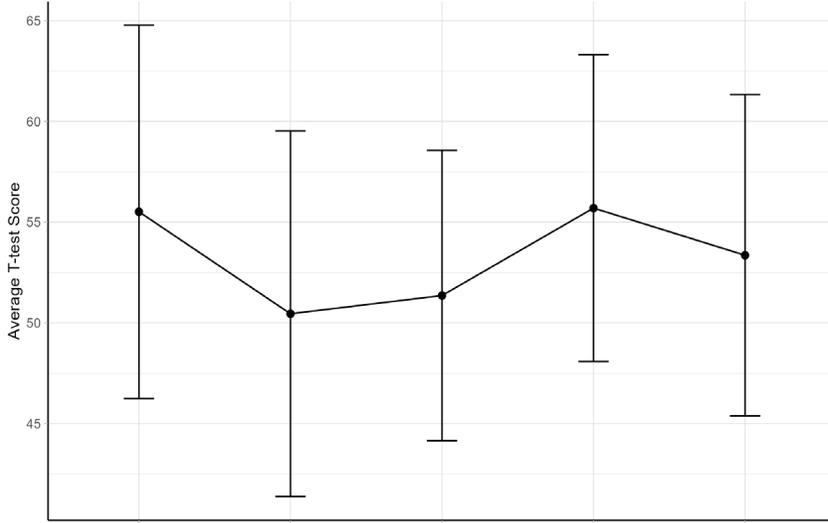


Urinary norbuprenorphine

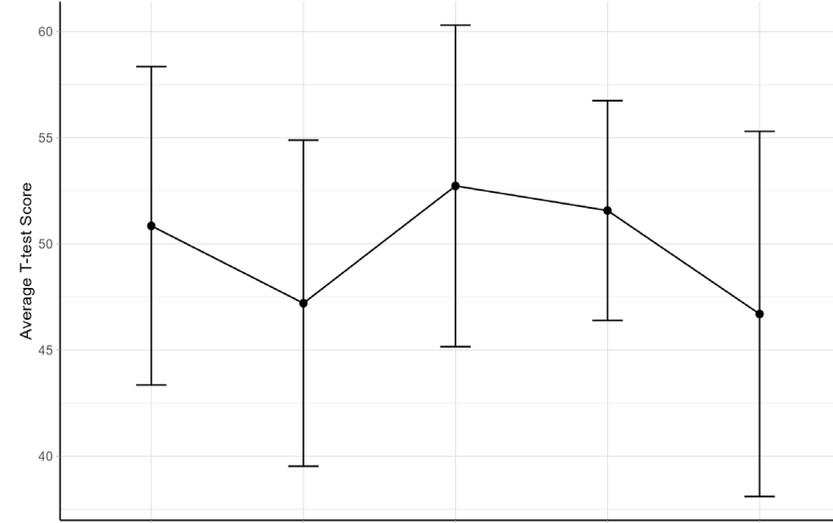


PROMIS-29 Subscales

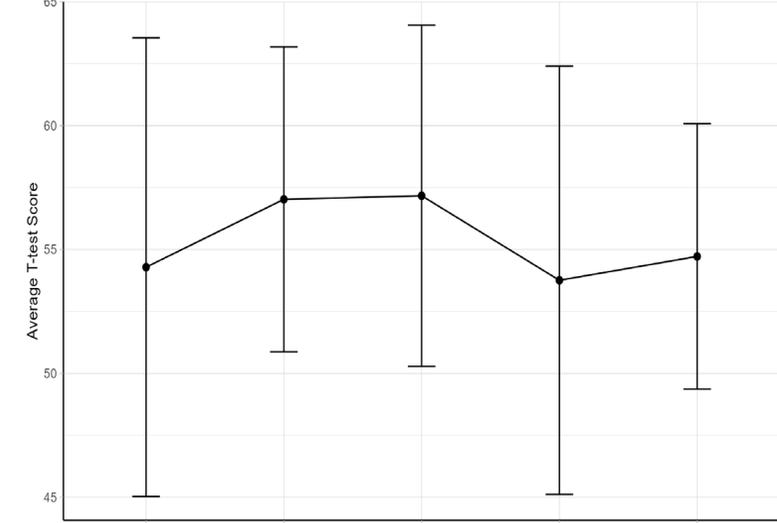
Average Anxiety Score



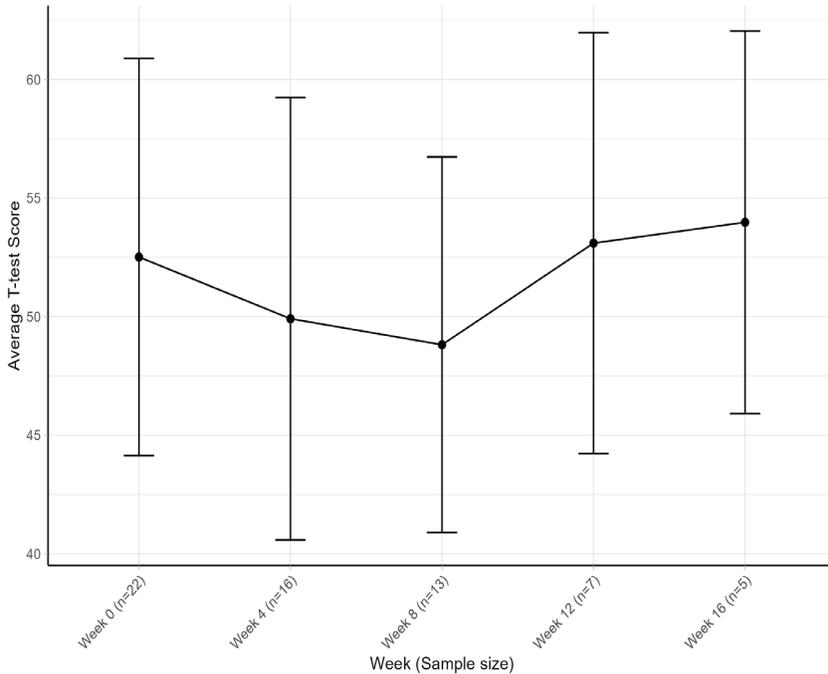
Average Sleep Disturbance



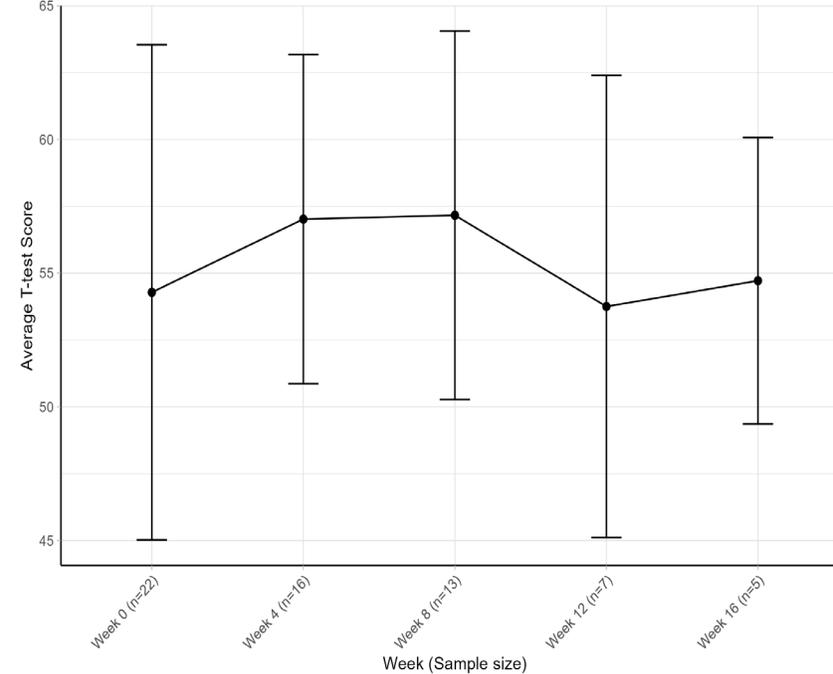
Average Ability to Participate in Social Roles and Activities



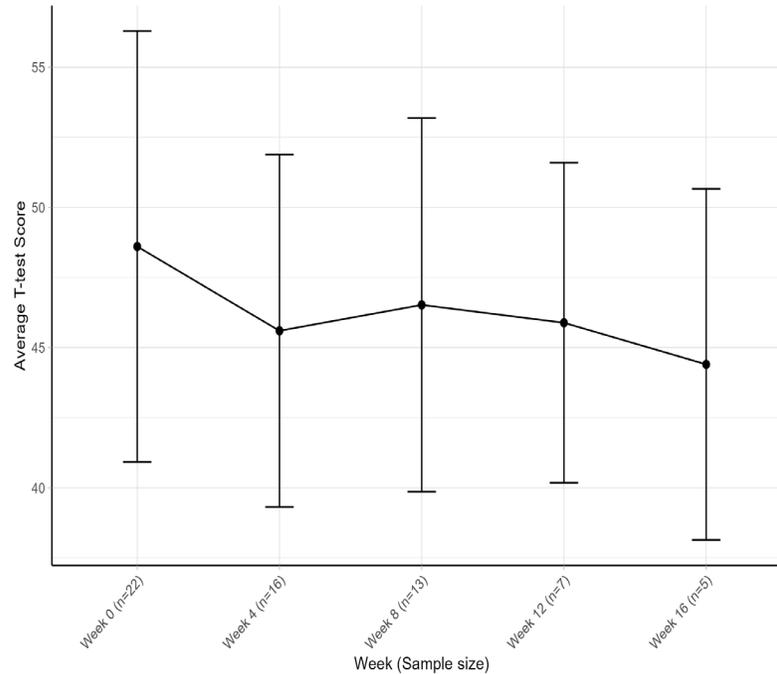
Average Depression



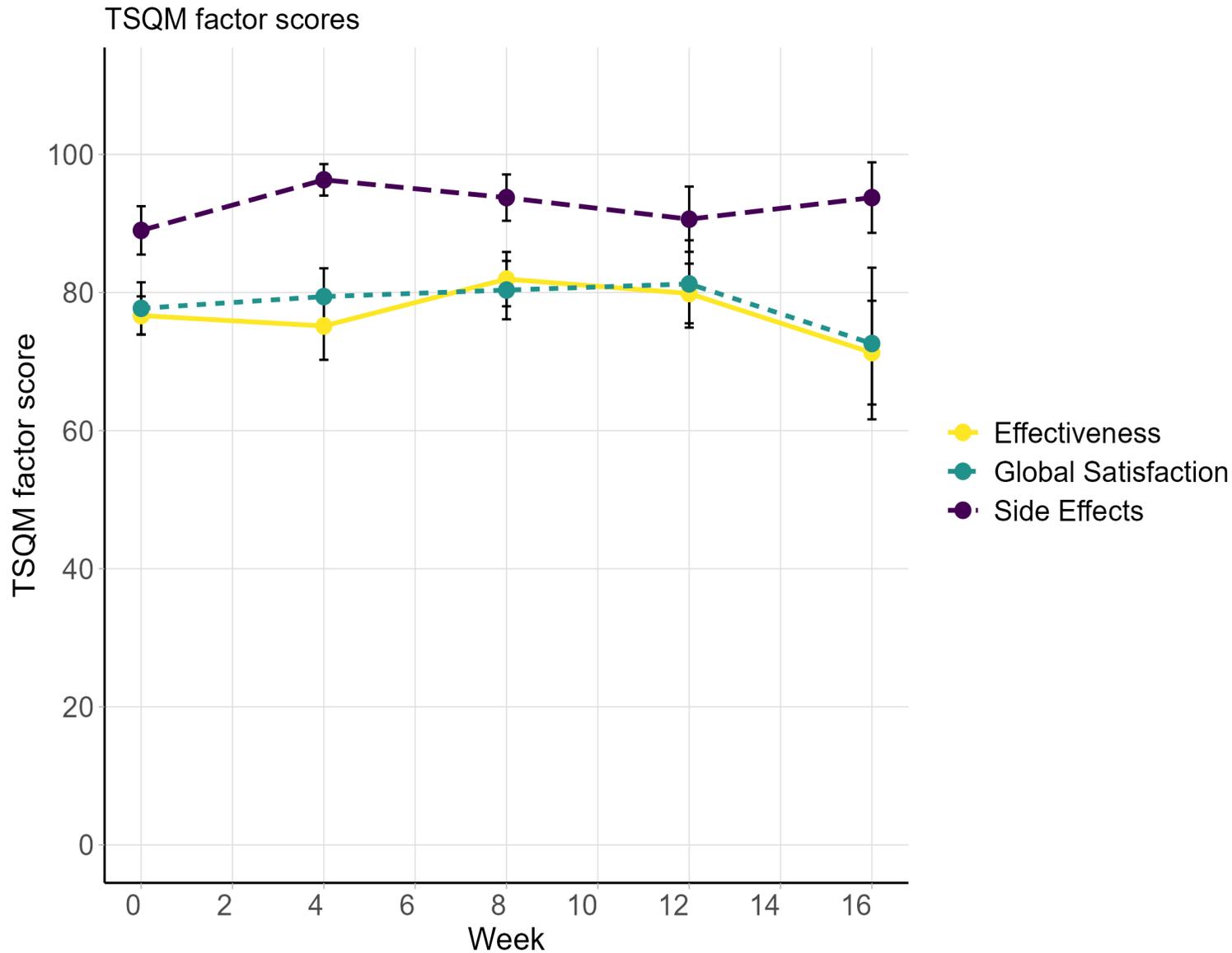
Average Ability to Participate in Social Roles and Activities



Average Pain Interference



Consumer experience



Comparison of this quit attempt to previous attempts in clients who completed exit interview and lasted longer than 4 weeks ($n=10$)

	n (%)
Very much better	6 (60%)
Much better	3 (30%)
A little better	1 (10%)
No difference	0 (0%)
A little worse	0 (0%)
Much worse	0 (0%)
Very much worse	0 (0%)

Take home messages: Stopping Buvidal 64mg results in:

- Mild opiate withdrawal symptoms 4-8 weeks after last dose
 - <30% experienced peak severity as 'mild' on COWS. No moderate or severe withdrawal
- Minimal disruption in sleep, mental health, pain, fatigue, ability to function
- Nevertheless, cravings still occurred in some clients and increasing over time
- Importance of setting and support
- Appears milder than prior experiences with methadone / SL BPN withdrawal
- Quicker time frame: by time clients gradually reduce their SL BPN or methadone to 0mg (usually 2-4 months) withdrawal from Buvidal complete

In conclusion

- It appears we have a good medication approach to come off ODT
- Many patients may look to transfer to LAIB as a means to stop ODT
- Despite a milder withdrawal, does not change the importance of supportive care, counselling, relapse prevention. Treatment should not stop after giving the last dose. Clients need ongoing support for weeks.
- This study characterises withdrawal from Buvidal in an residential setting. The study is NOT an outcome study examining whether stopping Buvidal has better outcomes than stopping SL BPN (which requires an RCT outpatient, larger numbers)

PROMIS-29 scores over time

