



A Retrospective Study Examining Positive Predictors of Successful Opioid Conversion Therapy from Methadone to Buprenorphine

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ABSTRACT:

BACKGROUND: While both methadone and buprenorphine are commonplace in opioid agonist therapy, buprenorphine is preferred due to fewer drug-drug interactions, regulatory barriers and adverse effects¹. As such, patients often desire to transition from methadone to buprenorphine, but this process may be difficult due to the risk of precipitated withdrawal as well as concerns regarding the need for withdrawal prior to initiating conversion^{1,2}. Our study aims to examine client characteristics of individuals who underwent conversion therapy using the Bernese Method² in order to determine which traits predict successful conversion and continuation of opioid agonist therapy.

METHODS: We conducted a retrospective study of 26 patients from an opioid agonist treatment clinic who had simultaneous prescriptions for methadone and buprenorphine from January 2018 until February 27th, 2019. We obtained patient-level data from the clinic's electronic medical record. Descriptive statistics were calculated for two groups: patients who successfully transitioned to buprenorphine maintenance treatment and patient who dropped out or who went back to methadone maintenance treatment.

RESULTS: Data analysis demonstrates 57% of patients were able to remain in treatment and successfully transition to buprenorphine. Gender did not appear to influence outcomes, nor did the duration of time spent on methadone maintenance therapy. Methadone dose at the time of conversion was not a strong predictor of success, however, individuals who transitioned while taking less than 40mg of methadone had marginally better success rates. Initiating the transition with 1mg of buprenorphine, as well as when the patient had been free of other opioids for at least 3 months both positively impacted outcomes. Titrating the methadone dose after adding buprenorphine daily did not add benefit compared to stopping the methadone abruptly once a therapeutic dose of buprenorphine had been reached.

CONCLUSION: Our findings may provide recommendations for physicians on which factors predict successful opioid conversion, so that clinicians may optimize their approach to these patient encounters.