Opioid Withdrawal Management

QUICK REFERENCE GUIDE

These toolkits are derived from the QLD Alcohol and Drug Withdrawal Clinical Practice Guidelines 2012. Medical Addiction specialists will be able to offer additional expert opinion based upon current evidence.

insight
Centre for alcohol and other drug training and workforce development

1 SCREENING

Severity of Dependence Scale (SDS)

Record the answer that best represents the consumer's personal feelings towards their opioid use over the previous twelve months.				
Did you ever think your opioids use was out of control?	Never or almost never (0)	Sometimes (1)	Often (2)	Always or nearly always (3)
Did the prospect of not using opioids make you anxious or worried?	Never or almost never (0)	Sometimes (1)	Often (2)	Always or nearly always (3)
How much did you worry about your use of opioids?	Never or almost never (0)	Sometimes (1)	Often (2)	Always or nearly always (3)
Did you wish you could stop using opioids?	Never or almost never (0)	Sometimes (1)	Often (2)	Always or nearly always (3)
How difficult would you find it to stop or go without opioids?	Never or almost never (0)	Sometimes (1)	Often (2)	Always or nearly always (3)
Opioids > 5 indicate dependence (Lerma, J. 2010).				Total /15

2 ASSESSMENT

Perform Comprehensive Assessment

1. **Consumption history:** Opioid type/ preparation, last dose, usual daily dose, number of injections per day, grams ingested, money spent, diverted ORT, previous and current experience of withdrawal, history of previous overdose, ORT experience, use of concurrent substances, route of administration, duration of use.
   Visit QScript to investigate prescribing history / determine ORT (**https://www.qscript.health.qld.gov.au/**)
2. **Biopsychosocial history:** Medical and psychiatric conditions, social history and collateral relating to presentation
3. **Investigations:** Bloods (eLFTS, FBC), Urine Drug Screen, Blood Borne Virus screen, Malnutrition screening tools
4. **Physical examination:** Neurological observations, assess for IV use (patency and health of veins - assess for cellulitis/ infected access sites), pupil size and reaction

Consider additional investigations if using over-the-counter preparations (Paracetamol and Ibuprofen)

3 MONITORING

Opioid Withdrawal Scale COWS / SOWS

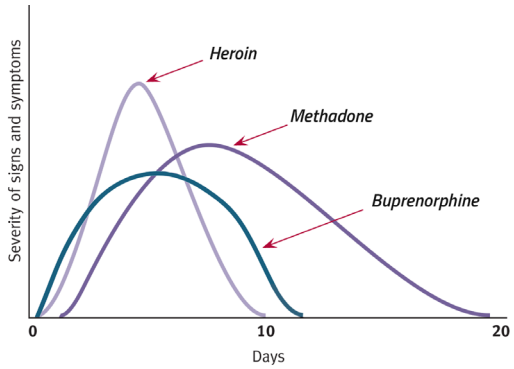
	COWS	SOWS
Minimal withdrawal	5-12	>10
Moderate Withdrawal Moderate-severe Withdrawal	13-24 25-36	11-20
Severe Withdrawal	36+	21-30

Patietns should be monitored regularly which may include a withdrawal scale, using as a guide to monitor withdrawal trends and provide symptomatic relief.

Commence at fourth hourly and reduce as scores settle (*v*).

Use subjective and objective data and clinical judgement to guide management.

Symptoms and Course



Objective Symptoms

- Restlessness
- Yawning
- Sweating
- Rhinorrhoea
- Dilated pupils
- Piloerection / goosebumps
- Muscle twitching
- Restless legs
- Vomiting
- Diarrhoea

Subjective Symptoms

- Anorexia and nausea
- Abdominal pain
- Hot and cold flushes
- Bone joint and muscle pain
- Insomnia and disturbed sleep
- Muscle cramps
- Intense cravings for opioids

Opioid withdrawal is not an ideal treatment choice for some opioid users due to loss of tolerance / risk of overdose. Stabilisation and treatment on Opioid Treatment Programs remain the best practice.

Supportive Therapies

Symptomatic Pharmacotherapies		Buprenorphine for withdrawal management	Brief interventions
Muscle /aches and pains	Paracetamol / Ibuprofen (N.B consider recent abuse of OTC and hepatic/renal conditions)	Buprenorphine is a partial opioid agonist. Buprenorphine can precipitate withdrawal in someone who has recently used heroin or other short-acting opioids in the previous 12 hours, or long-acting opioids or methadone in the previous 48 hours. Example regime: Rapid withdrawal protocols for Buprenorphine should be recommended and reviewed by a specialist AOD professional. Generally, symptomatic treatment not required when using buprenorphine. Day 1: 2 + 4mg Day 2: 8mg Day 3: 10mg Day 4: 8mg Day 5: 4mg Day 6: Reduce to 2mg if required	• Progressive muscle relaxation • Relaxation (app or CD) • Sensory Approaches • Challenging irrational beliefs • Physical activity/exercise • Relaxation strategies, breathing and meditation techniques • CBT and mindfulness approaches • Stress management • Mood management • Coping strategies • Activity scheduling • Timetabling pleasant activities • Anger management • Sleep hygiene • Solution-focused brief therapies (SFBT) • Motivational Interviewing techniques • Decisional balance • Readiness /confidence to change ruler • Psychoeducation • Goal-setting • Nutrition and hydration
Nausea	Metoclopramide; Prochlorperazine; Ondansetron		
Abdominal cramps	Hyoscine butylbromide; Propantheline		
Diarrhoea	Loperamide		
Insomnia	Temazepam (cease after 3 nights)		
Agitation/ anxiety	Diazepam – tapered quickly		
Restless legs / muscle cramps	Magnesium aspartate		
"Flu-like symptoms" Sweating, tachycardia, hypertension, agitation	Clonidine (N.B monitor Pulse/BP and cease with ORT)		
Vitamin supplementation	Multivitamin and thiamine		

Variances to Standard Detoxification Protocols

For theraputic dependence on opioids consdier slow tapering of opioid medication

Do not prescribe benzodiazepines for patients on methadone or buprenorphine programs without consultation with treating physician. Caution diazepam use in severe hepatic/renal dysfunction. Consider oxazepam as alternative.

View QScript record to check whether they are obtaining prescriptions from other doctors
https://www.qscript.health.qld.gov.au/

Alcohol and Drug Clinical Advisory Service: 1800 290 928
08:00 - 23:00 / 7 days
(for clinician only)

Post-Withdrawal Treatment Options

Pharmacotherapies	Opioid treatment is an open-ended intervention aimed at recovery and optimising the health of each individual in treatment. Q-script enquiries: 13 78 46 Healthcare Approval & Regulation Unit (HARU): 3708 5264
Relapse Prevention	Adis 24/7 Alcohol and Drug Support 1800 177 833 adis.health.qld.gov.au Individual counselling Self-help groups (AA, NA, Smart Recovery) Residential rehabilitation Family Drug Support (FDS) - 1300 368 186