CENTER FOR ADDICTIVE PROBLEMS
CAP OF DOWNERS GROVE

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Dear Doctor:

This is a general letter in reference to mutual patients maintained on methadone in our opioid agonist treatment program.

Methadone maintenance has been used in the treatment of intractable opioid dependence for over 50 years. The methadone maintained patient develops tolerance to the analgesic, sedative and euphorigenic effects of methadone. Hence, the methadone maintained patient avoids the abstinence syndrome (withdrawal) without sedation, euphoria or impairment of function.

The management of pain in the methadone maintained patient is an issue that is frequently misunderstood. Because the patient is tolerant to the maintenance dose of methadone, no analgesia is realized from the regular daily dose of methadone. Relief of pain depends on maintaining the established tolerance threshold with methadone as a background and then adding additional short acting opioid agonist analgesia as needed for pain.

Non-narcotic analgesics should be used when pain is not severe. In the event of more severe pain the use of opioid agonist drugs is quite appropriate. The dose of an opioid agonist drug may need to be 10-25% higher than usual due to cross tolerance to the methadone, and dosing may need to be more frequent (e.g. q4hr rather than q6hr). The administration of opioid agonist drugs should be closely supervised. If it is absolutely necessary to prescribe for self administration, the amount and refills should be carefully controlled.

Opioid agonist/antagonist drugs such as Talwin, Stadol, Buprenorphine, and Nubain should never be used in the methadone tolerant individual. Severe opioid abstinence syndrome can be precipitated by drugs of this type. Anti-epileptics such as Tegretol, Phenobarbitol, and Dilantin interact poorly with methadone and may produce abstinence syndrome.

Approximately 50% of patients with addictive disorders have other psychiatric disorders as well. Methadone maintenance treatment is NOT a contraindication to psychiatric treatment, but special care must be used in administration of any psychotropic medication that has addictive potential, especially benzodiazepines. **Discontinuation of methadone maintenance treatment is contraindicated in the dually-diagnosed patient unless and until both the addictive and psychiatric disorders are completely stabilized. Discontinuation of methadone should be handled by the patient's methadone treatment program.**

Please have the patient's methadone dosage confirmed with the doctors and the nursing staff at your facility.

Thank you for your care of our mutual patient. If you have any questions, please do not hesitate to contact any of us.

Sincerely,

Craig Showalter, M.D., Medical Director