

OPIOID WITHDRAWAL PROTOCOL

Clinical Features of Opioid Withdrawal

- detected & monitored using the *Opioid Withdrawal Scale (OWS)*

| | |
|--------------------------------|--|
| Physical signs/symptoms | Lacrimation, rhinorrhea, yawning Dilated pupils, nausea/vomiting Diaphoresis, chills, piloerection, mild tachycardia and/or hypertension Myalgias, abdominal cramps, diarrhea |
| Psychological symptoms | Anxiety and dysphoria Craving for opioids Restlessness, insomnia, fatigue |

Onset & Duration of Symptoms

| | |
|--|---|
| Beginning <8 hours from last opioid use (Peak within 36-72h) | Anxiety, fear of withdrawal, craving for drug, diaphoresis, chills, lacrimation, rhinorrhea, yawning |
| Beginning 12 hours from last opioid use (Peak at 72 h) | Piloerection, anorexia, dilated pupils, anxiety, irritability dysphoria, restlessness, mild-moderate insomnia, tremor, mild tachycardia and/or hypertension, abdominal cramps |
| Beginning 24-36 hours from last opioid use (Peak at 72 h) | Abdominal cramps, diarrhea, myalgias, muscle spasms (esp. in lower extremities), nausea, vomiting, diarrhea, severe insomnia, violent yawning |

NOTE:

- Methadone withdrawal may take longer to manifest clinically (24-48h from last dose) than withdrawal from other opioids, but may persist 2-3 weeks or longer
- Physical withdrawal symptoms generally resolve by 5-10 days
- Psychological withdrawal symptoms (dysphoria, insomnia) may last weeks to months

Complications of Opioid Withdrawal:

- Opioid withdrawal is not life threatening in otherwise healthy individuals. However, the risk of serious medical complications is higher in pregnant women and neonates.
 - Pregnancy-associated risks: spontaneous abortion, pre-term labour
 - Neonatal abstinence syndrome: seizures, death if not identified & treated
- There is a serious risk of flight, suicide (precipitated by anxiety, dysphoria), and overdose on relapse (because patients begin to lose their tolerance to opioids within 3-7 days after last use).

IMPORTANT:

- Continually assess all patients for suicide risk
- Screen for pregnancy
- Warn patients about overdose if they resume opioid use at previous dose.

Mental Health and Addiction Services: Brief/Social Detox Unit

Step 1: Symptomatic Protocol + Clonidine

Symptomatic Protocol

| Target symptoms | Drug | Dosing guideline |
|---|------------------------------|---|
| Nausea and vomiting | Dimenhydrinate (Gravol®) | 50mg-100mg orally (or IM) up to every 4 hours <u>as needed</u> |
| | Prochlorperazine (Stemetil®) | 5mg-10mg orally up to every 4 hours <u>as needed</u> |
| Diarrhea | Loperamide (Imodium®) | 4mg orally for diarrhea, then 2mg orally as needed for loose bowel movements (Maximum dose =16mg/24h) |
| Myalgias | Acetaminophen (Tylenol®) | 325mg-650mg orally every 4 hours as needed (Maximum dose = 4000mg/24h) |
| | Naproxen (Naprosyn®) | 500mg orally <u>twice daily</u> with meals for 4 days, then reduce to twice daily as needed |
| Anxiety, dysphoria, lacrimation, rhinorrhea | Hydroxyzine (Atarax®) | 25mg-50mg orally three times daily as needed |
| Insomnia | Trazodone (Trazorel®) | 50mg-100mg orally at bedtime x 4 days, then as needed for insomnia |

Clonidine

| Dose | Monitoring |
|---|--|
| Clonidine 0.1mg oral test dose | <ul style="list-style-type: none"> Check blood pressure (BP) one hour later. If BP<90/60, if marked postural hypotension occurs or if HR<60- do not prescribe further |
| <p>If <91kg (or <200lbs):</p> <ul style="list-style-type: none"> Clonidine 0.1mg orally 4 times daily x 4 days Clonidine 0.05mg orally 4 times daily x 2 days Clonidine 0.025mg orally 4 times daily x 2 days, then stop <p>If >91kg (or >200lbs):</p> <ul style="list-style-type: none"> Clonidine 0.2mg orally 4 times daily x 4 days Clonidine 0.1mg orally 4 times daily x 2 days Clonidine 0.05mg orally 4 times daily x 1 day, Clonidine 0.025mg orally 4 times daily for 1 day, then stop | <ul style="list-style-type: none"> Check BP prior to each dose and withhold dose if BP<90/60, if marked postural hypotension or dizziness occurs or if HR<60 <p>Assess Opioid Withdrawal Score (OWS) at least every 24 hours:</p> <ul style="list-style-type: none"> If after 24 hours the OWS is 10-14 (suggesting moderate withdrawal symptoms)- <u>proceed to step 2</u> If after 24 hours, the OWS is >15 (suggesting severe withdrawal symptoms)- <u>proceed to step 3</u> |

Mental Health and Addiction Services: Brief/Social Detox Unit

Step 2: Symptomatic Protocol + Intensified Clonidine

| Intensified Clonidine | |
|--|---|
| Dose | Monitoring |
| <p><u>If <91kg (or <200lbs):</u></p> <ul style="list-style-type: none"> • Clonidine 0.2mg orally 4 times daily x 4 days • Clonidine 0.1mg orally 4 times daily x 2 days • Clonidine 0.05mg orally 4 times daily x 1 day • Clonidine 0.025mg orally 4 times daily for 1 day, then stop <p><u>If >91kg (or >200lbs):</u></p> <ul style="list-style-type: none"> • Clonidine 0.3mg orally 4 times daily x 4 days • Clonidine 0.2mg orally 4 times daily x 1 day • Clonidine 0.1mg orally 4 times daily x 1 day, • Clonidine 0.05mg orally 4 times daily x 1 day • Clonidine 0.025mg orally 4 times daily for 1 day, then stop. | <ul style="list-style-type: none"> • Check BP prior to each dose and withhold dose if BP<90/60, if marked postural hypotension or dizziness occurs or if HR<60 <p>Assess Opioid Withdrawal Score (OWS) at least every 24 hours:</p> <ul style="list-style-type: none"> • If after 24 hours at step 2, the OWS is >15 (suggesting severe withdrawal symptoms)- <u>proceed to step 3</u> |

Step 3: Symptomatic Protocol + Intensified Clonidine + Phenobarbital

| Intensified Clonidine + Phenobarbital | |
|---|---|
| Clonidine dose | Monitoring |
| <p><u>If <91kg (or <200lbs):</u></p> <ul style="list-style-type: none"> • Clonidine 0.2mg orally 4 times daily x 4 days • Clonidine 0.1mg orally 4 times daily x 2 days • Clonidine 0.05mg orally 4 times daily x 1 day • Clonidine 0.025mg orally 4 times daily for 1 day, then stop <p><u>If >91kg (or >200lbs):</u></p> <ul style="list-style-type: none"> • Clonidine 0.3mg orally 4 times daily x 4 days • Clonidine 0.2mg orally 4 times daily x 1 day • Clonidine 0.1mg orally 4 times daily x 1 day, • Clonidine 0.05mg orally 4 times daily x 1 day • Clonidine 0.025mg orally 4 times daily for 1 day then stop. | <ul style="list-style-type: none"> • Check BP prior to each dose and withhold dose if BP<90/60, if marked postural hypotension occurs or if HR<60 • Assess Opioid Withdrawal Score (OWS) at least every 24 hours |
| Phenobarbital dose: | Monitoring |
| <p>Phenobarbital 30mg-60mg orally twice daily as needed for anxiety and sedation</p> | <ul style="list-style-type: none"> • Hold dose in presence of marked sedation, hypotension (BP<90/60), dizziness, ataxia, listlessness • Stop if rash develops |

Step 4: Refer to a methadone prescribing physician

- Methadone 10mg orally 3 times daily for 3-4 days, then taper by 10mg/day (5mg/day on final day).

Developed by:

Dr, Peter Butt MD SCFP (EM), Melanie McLeod BSP, ACPR, PharmD Candidate, Christi Becker-Irvine RN

Mental Health and Addiction Services: Brief/Social Detox Unit

- **NOTE: Methadone-related deaths have occurred almost exclusively at doses in excess of 30mg/day¹⁰**

References:

1. Kahan M., Wilson L. (2002). Managing Alcohol, Tobacco and other Drug Problems: A Pocket Guide for Physicians and Nurses. Toronto: Centre for Addiction and Mental Health (CAMH).
2. College of Physicians and Surgeons of Ontario: Methadone Maintenance Guidelines November 2005
3. Stolbach A, Hoffman RS. Opioid withdrawal in the emergency setting. www.uptodate.com (Last update: Jan 1/09).
4. Virani AS, Bezchlibnyk-Butler KZ, Jeffries JJ. Clinical Handbook of Psychotropic Drugs 18th Revised Version (2009).
5. Meehan WJ, Adelman SA, Rehman Z, et al. Opioid Abuse. www.emedicine.medscape.com (Updated April 18, 2006).
6. Naranjo, CA, Bremner KE, Pharmacotherapy of substance use disorders. *Can J Clin Pharmacol* 1994; 2: 55-71.
7. Weaver MF, Hopper JA. Opioid withdrawal management during treatment for addiction. www.uptodate.com (Last update: Jan 1/09).
8. Korsten, TR, O'Connor PG. Current Concepts: Management of Drug and Alcohol Withdrawal. *N Engl J Med* 2003; 348: 1786-95.
9. Connery HS, Kleber HD. American Psychiatric Association Practice Guidelines for the Treatment of Patients with Substance Use Disorders, 2nd Edition (2007). *Focus Psychiatry* 2007; V: 2.
10. Saskatchewan Ministry of Health/ Saskatchewan College of Family Physicians, SMA. Concurrent Disorders and Withdrawal Management Protocols/Guidelines and Services. Updated by the Addictions Medical Advisory Committee 2008.
11. Hauser L, Anupindi R, Moore W. Hydroxyzine for the treatment of acute opioid withdrawal: A clinical experience. *Resident and Staff Physician* 2006; 52: 6.