



Accurate Clinic

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Accurate Education

Microdosing: Rotation from Traditional Opioids to Buprenorphine

What it is:

Rotating from traditional opioids (oxycodone to buprenorphine using a microdosing protocol involves introducing very low-dose buprenorphine into a patient's usual opioid regimen slowly at very low doses so that they are generally not perceived. Low doses are very gradually increased while pain control remains stable. When the buprenorphine doses reach their target, the opioids may be discontinued without loss of pain control.

Why:

- Patients on long-term opioids, especially at high doses, may develop opioid-induced hyperalgesia (OIH), a condition in which the opioids themselves increase the severity of pain and ultimately prevent good pain control despite use of high doses. Buprenorphine reduces both OIH and central sensitization that also increases pain
- Pain control is generally maintained or improved after rotation to buprenorphine - most studies report decreased pain severity (up to 27% in one study) and improved function after rotation.
- Buprenorphine may provide better pain control in some chronic pain conditions, including neuropathic pain and fibromyalgia. It is also safer than traditional opioids, especially for those with sleep apnea and those taking benzodiazepines. It is also less likely to develop tolerance over time or contribute to pain sensitization.
- Rotation to buprenorphine with microdosing protocols are effective and well-tolerated >95% of the time.
- It is not uncommon for patients who have transitioned to buprenorphine indicate they feel generally better with more clarity and less sluggishness after their transition.
- Adverse events are uncommon.
- Due to the politics of current pain management, access to high dose medications is becoming more difficult so rotation to buprenorphine offers better access and will likely be less expensive.

Who:

- Anyone taking any dose of opioids, who is interested in doing so.
- Anyone with diffuse, poorly localized pain with no clear explanation of why
- Anyone with allodynia or hyperalgesia (inappropriate high pain sensitivity)
- Especially recommended for those patients who feel their current opioid regimen does not provide them with adequate pain control, particularly if increasing opioid dosing still doesn't seem to help.
- Especially recommended for those patients taking morphine, oxycodone, and fentanyl
- Especially recommended for those patients taking 100-300 morphine-equivalent (ME) doses, also with >300 ME.
- Especially recommended for those who may be having difficulty controlling their doses or may be running out early.
- Especially recommended for patients taking benzodiazepines who are unable to taper off of them.

How:

Cold Pressor Testing for OIH will be performed before treatment. Because this protocol may not be currently recognized by insurance companies, prior authorization for the protocol will be required. At the same time, it is likely that the pharmacist dispensing the medications will require education and coordination with the protocol as well.

When:

When to begin the protocol is based on an individual's preference. Given the need for prior authorization and conference with the pharmacist, it should be planned for the next available appointment based on patient preference. Please discuss your questions or concerns with Dr. Ehlenberger.

