Buprenorphine Adherence Is a Struggle for Some

Washington — Patients with severe opioid use disorder immediately prior to treatment may not adhere to buprenorphine in an office-based setting, said Michael Pantalon, Ph.D.

In an ongoing randomized clinical trial, 91 opioid-dependent patients took daily buprenorphine/naloxone maintenance doses in a primary care setting. After 24 weeks, the investigators classified the patients as “high-stable” adherence (52), “fluctuating-deteriorating” adherence (23) and “poor-flat” adherence (16).

These data suggest that office-based treatment with buprenorphine may not be sufficient for those with severe opioid addiction.

Overall, the 52 “high-stable” patients had spent significantly less money on drugs prior to treatment, and reported significantly fewer days of heroin use prior to treatment compared with those in both the “fluctuating-deteriorating” and “poor-flat” groups, Dr. Pantalon and his colleagues at Yale University, New Haven, reported in a poster presented at the annual conference of the Association for Medical Education and Research in Substance Behavior.

The “high-stable” patients also were significantly less likely to name heroin as their major problem, compared with oxycode (OxyContin) or other opiates, and they were significantly less likely to test positive for opioids before starting buprenorphine treatment. These data suggest that office-based treatment alone may not be sufficient for severe addicts, the investigators noted.

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—Heidi Splete