

Study finds alternative to 'revolving door' of opioid detox and relapse

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In a first-ever randomized trial, patients at a short-term inpatient program began long-term outpatient treatment with buprenorphine before discharge, with better outcomes than detox patients.

Three out of four people who complete an inpatient [opioid](#) withdrawal management program—commonly known as "detox"—relapse within a month, leading to a "revolving door" effect. Few successfully transition from the inpatient setting to long-term treatment with proven medications such as [buprenorphine](#), methadone, or naltrexone to prevent overdose.

But patients who start long-term buprenorphine treatment at a detox program, instead of going through detox and getting a referral for such treatment at discharge, are less likely to use opioids illicitly over the following six months, and more likely to keep up treatment, according to a first-of-its-kind study led by a Boston University School of Public Health (BUSPH) researcher and published in the journal *Addiction*.

"The idea of detox—getting inpatient treatment for a few days and expecting to quit opioids—has always been magical thinking," says study lead author Dr. Michael Stein, professor and chair of health law, policy & management at BUSPH. "We've quantified here for the first time how successful we can be if we use short-term inpatient programs as starting grounds for long-term treatment."

In the randomized trial, 59 patients at the Stanley Street Treatment and

Resources program (SSTAR) in Fall River, Mass., went through a standard buprenorphine-assisted detox program (including then tapering off buprenorphine). Another 56 patients received the typical first-day buprenorphine treatment, then went on to a daily dose of buprenorphine, and were discharged as already-established patients at SSTAR's nearby primary healthcare center, with an outpatient appointment for the following week and a prescription to be able to continue taking their daily dose of buprenorphine until then.

The researchers found that these participants were more likely to be taking buprenorphine up to six months after discharge than the patients who had gone through standard [detox](#). They were also less likely to use illicit opioids, "thereby lowering the overdose risk that comes from use of fentanyl and other lethal opioids," Stein says.

More information: Michael Stein et al, Initiating buprenorphine treatment for opioid use disorder during short-term in-patient 'detoxification': a randomized clinical trial, *Addiction* (2019). [DOI: 10.1111/add.14737](https://doi.org/10.1111/add.14737)

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