

Medical Treatment of Opioid Use Disorder (OUD)

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PART 1:

DEFINING & DIAGNOSING ADDICTION

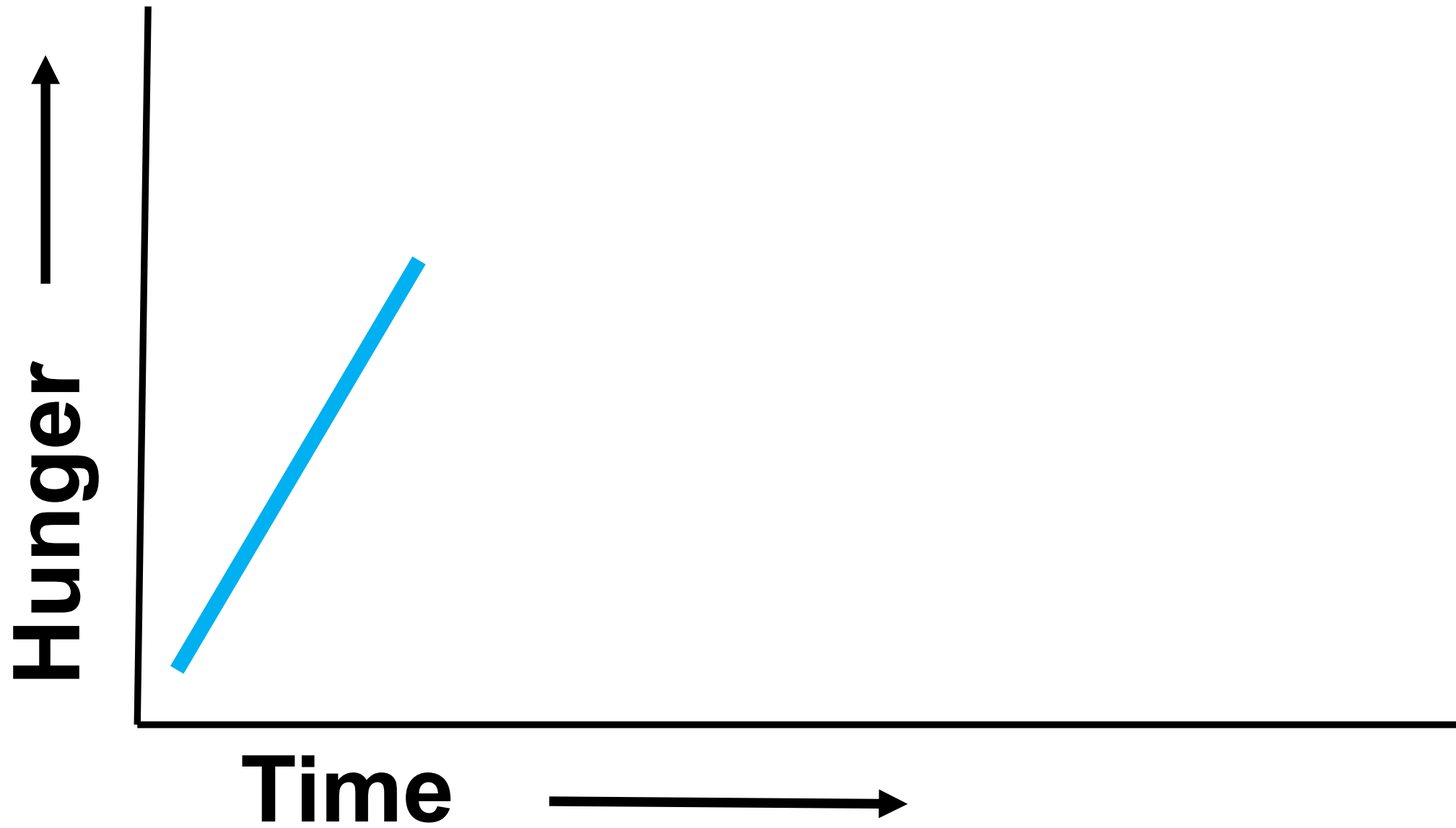
ADDICTION leads to
PERMANENT
BRAIN CHANGES that
ALTER BEHAVIOR

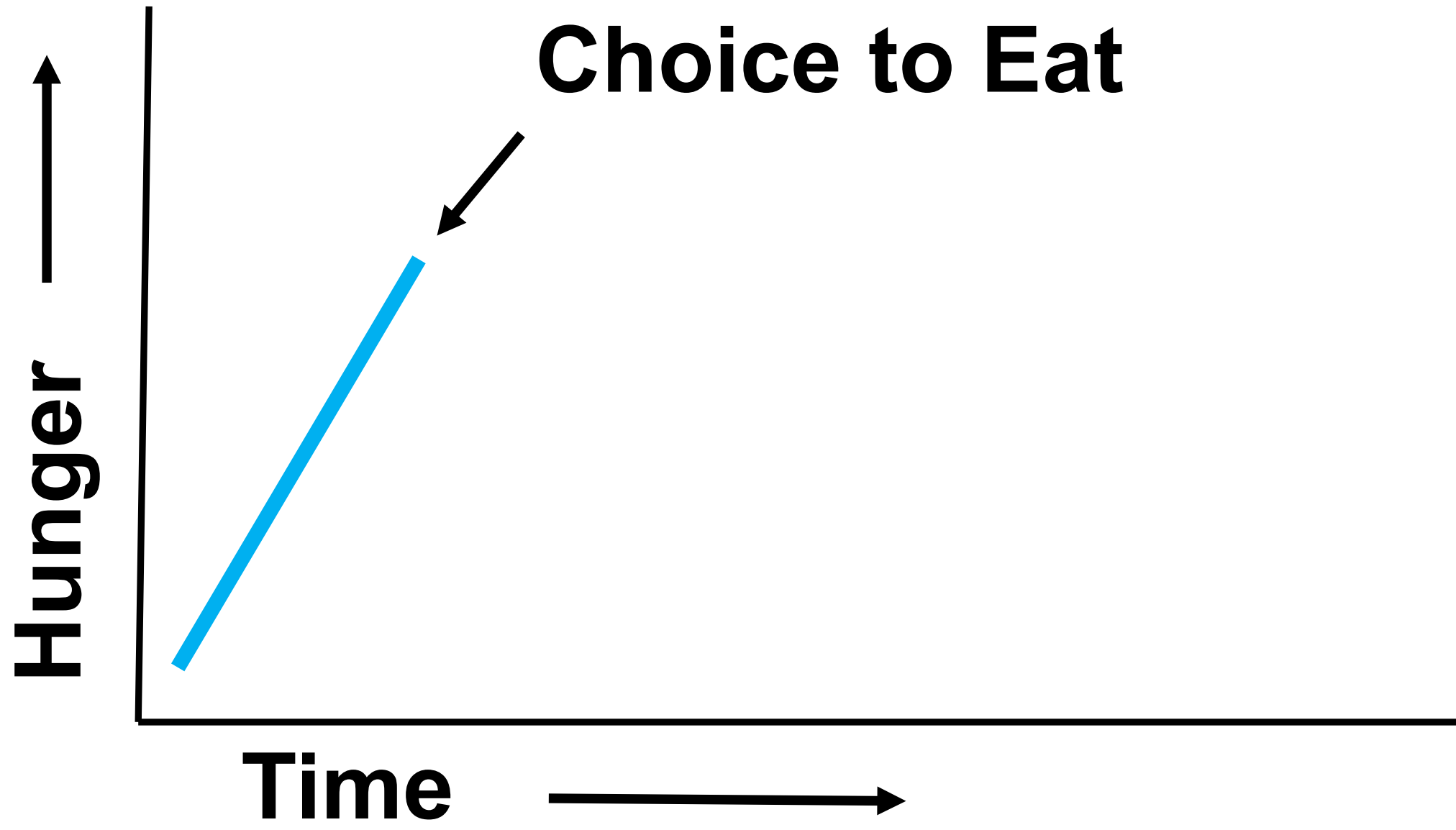
Behavior Can Be **DRIVEN**

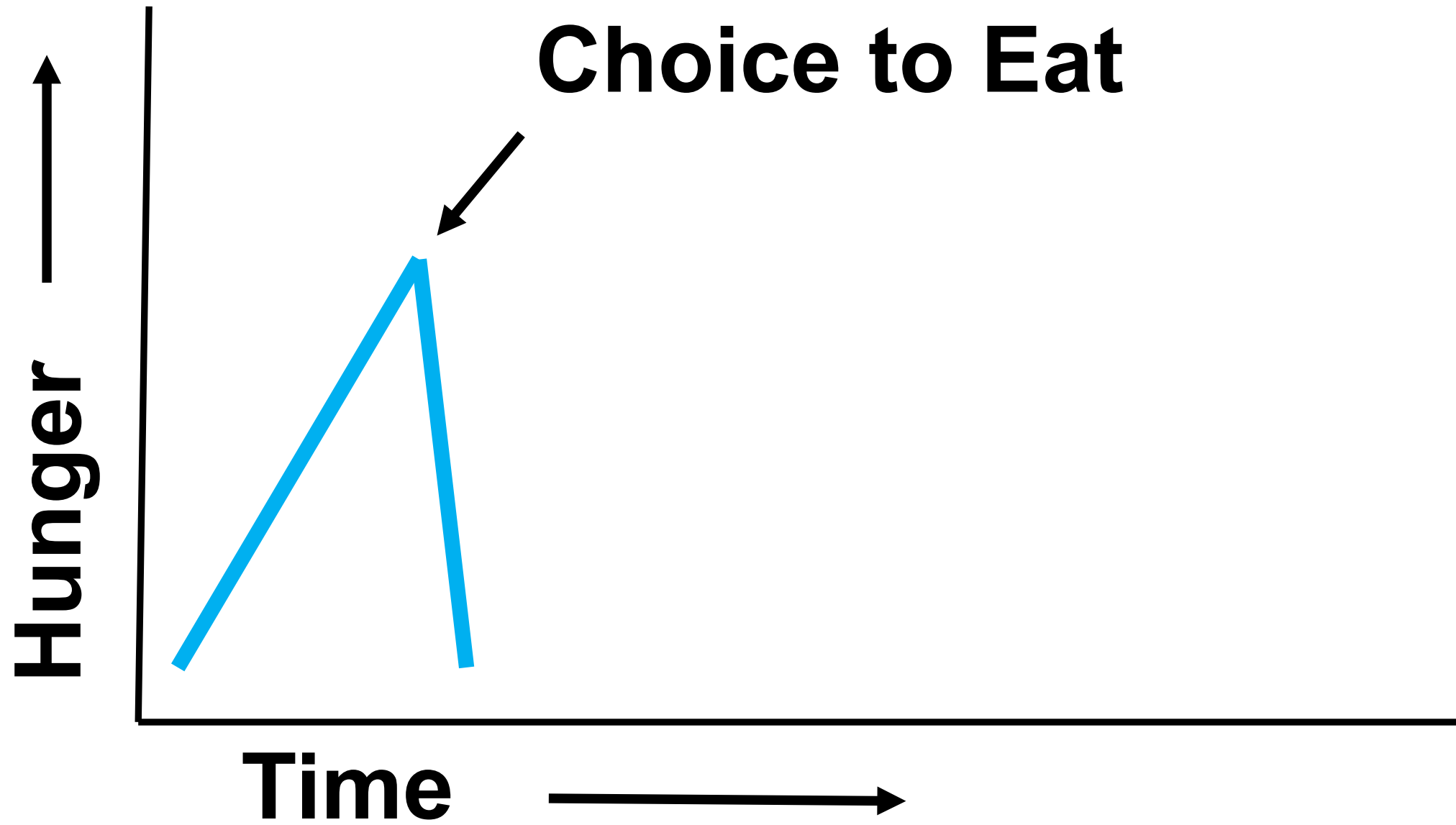
THIRST → DRINK

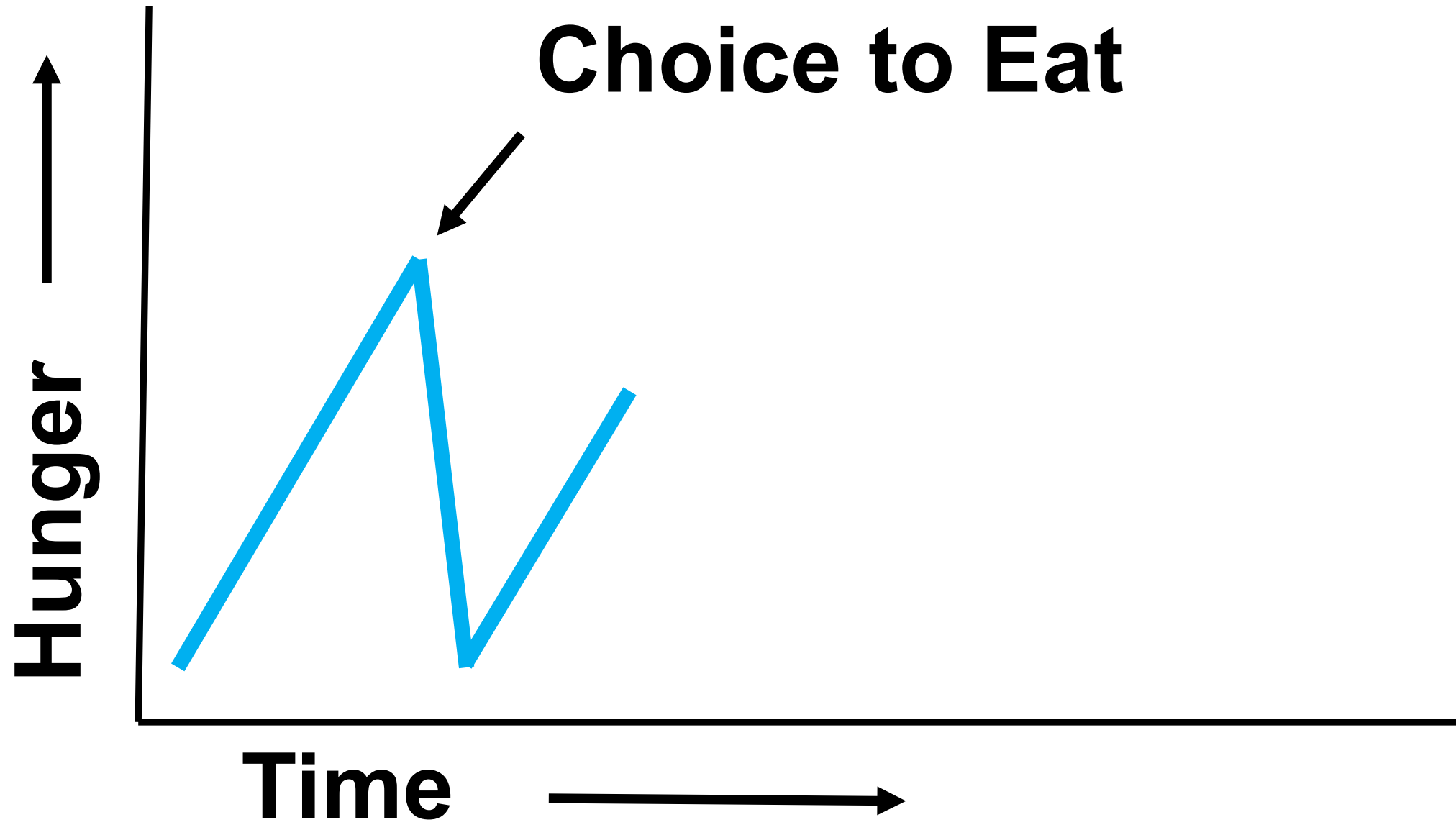
HUNGER → EAT

EXHAUSTION → SLEEP





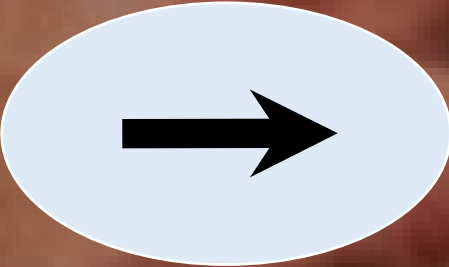
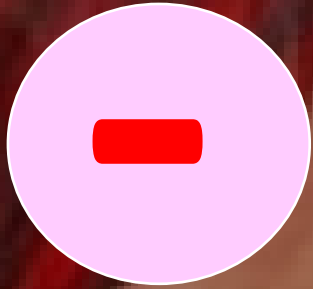




Behavior Can Be **LEARNED**

BEHAVIOR → **CONSEQUENCE**

BEHAVIOR



PUNISHMENT

BEHAVIOR



REWARD

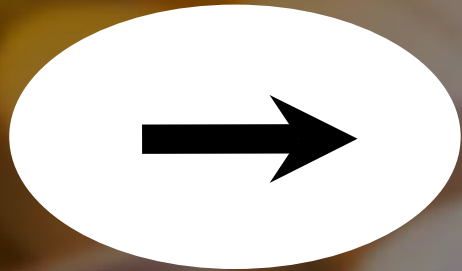
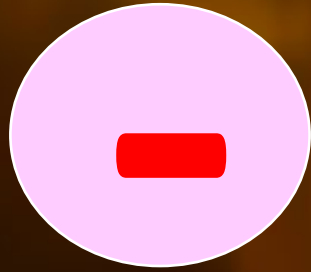


USE OPIOID



CONSEQUENCE

USE OPIOID



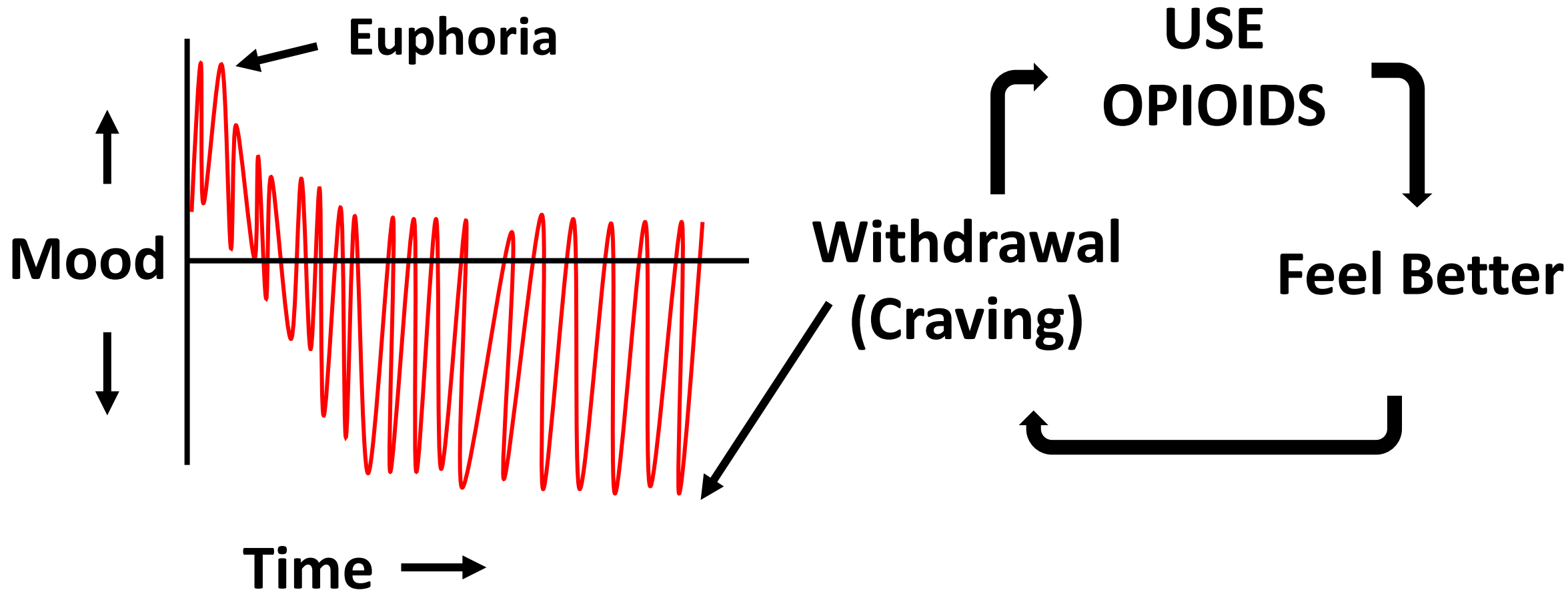
NAUSEA

USE OPIOID



EUPHORIA





Behavior Can Be **DRIVEN**

INNATE

THIRST → DRINK

HUNGER → EAT

EXHAUSTION → SLEEP

DISEASE

CRAVING → USE OPIOIDS

DSM-V Criteria for Opioid Use Disorder (OUD)

1. Larger amounts or over a longer period than intended.
2. Unsuccessful efforts to cut down or control opioid use.
3. Great deal of time is spent to obtain, use or recover from opioids.
4. Cravings for opioids.
5. Failure to fulfill roles at work, school, or home.
6. Social or interpersonal problems caused by opioids.
7. Activities are given up or reduced because of opioid use.
8. Physically hazardous opioid use
9. Continued opioid use despite physical or psychological consequences
10. **Tolerance.***
11. **Withdrawal.***

For Diagnosis of OUD:

Mild: 2-3 present

Moderate: 4-5 present

Severe: 6 or more present

* Don't count toward OUD diagnosis if patient is prescribed opioids

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8. Physically hazardous opioid use.

9. Continued opioid use despite physical or psychological consequences.

10. Tolerance*

11. Withdrawal*

Impaired Control Over Use

Social Consequences

Health Consequences

Physiologic Dependence

PART 2:

TREATING ADDICTION

TREATMENT GOAL:

DECREASE the **ODDS**
the **ADDICTED BRAIN**
will **CHOOSE** the
ADDICTED BEHAVIOR.

Hypertension Treatment



Treatment Modalities for SUDs

Psychosocial/behavioral

- Modalities
 - Cognitive Behavioral Therapy (CBT)
 - Motivational Enhancement Therapy (MET)

Pharmacotherapy

- Alcohol use disorder
 - naltrexone, acamprosate, disulfiram, topiramate
- Opioid use disorder
 - methadone, buprenorphine, naltrexone
- Tobacco use disorder
 - varenicline, bupropion, NRT
- Cocaine use disorder
 - Topiramate, naltrexone
- Methamphetamine use disorder
 - Bupropion/naltrexone

Treatment Modalities for SUDs

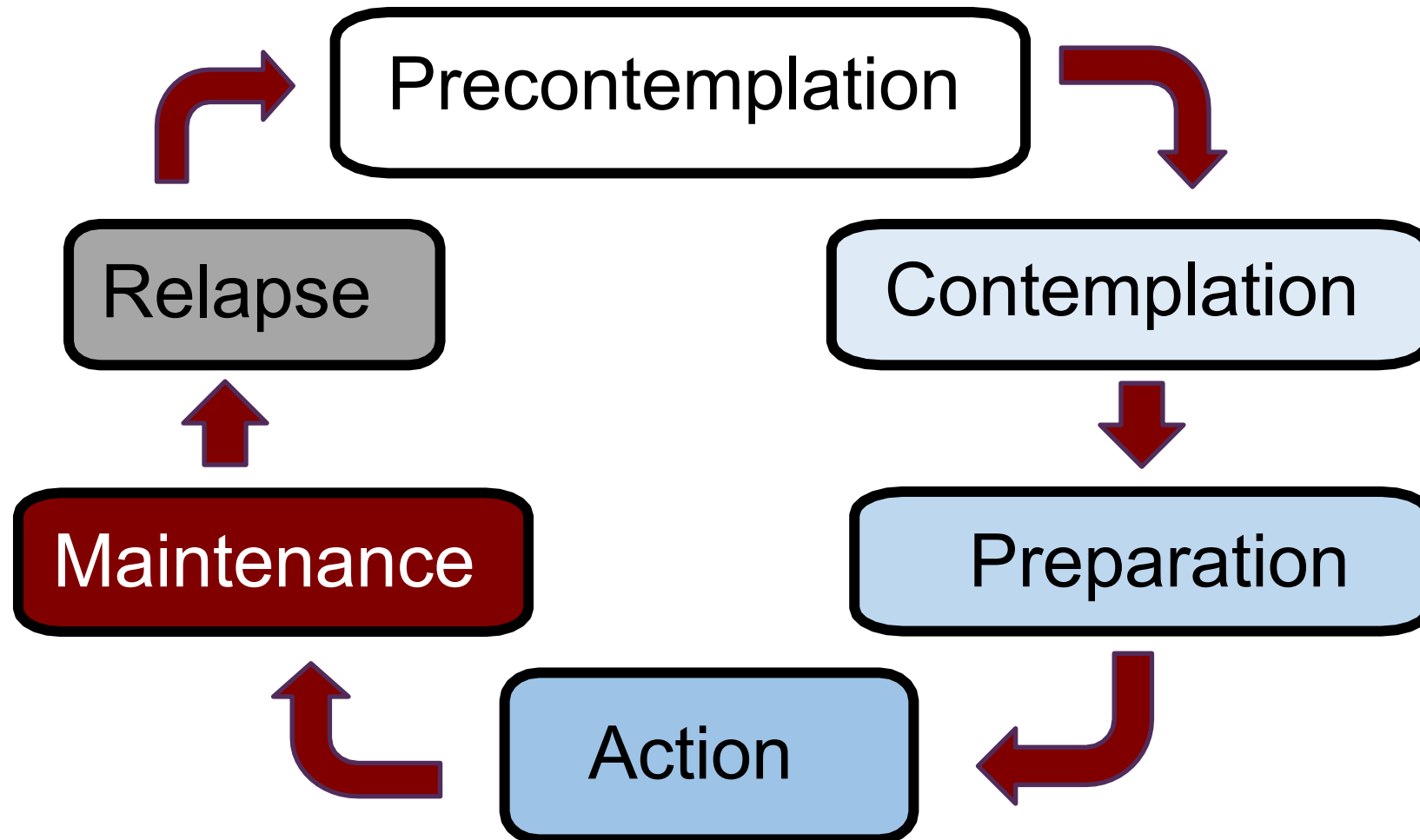
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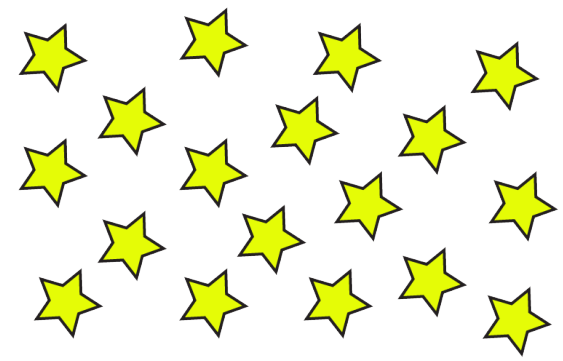
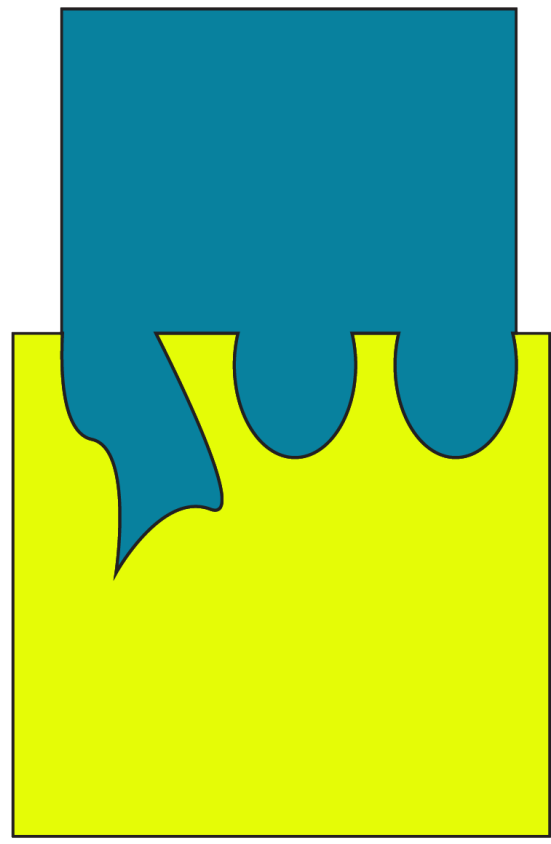
Readiness for Change



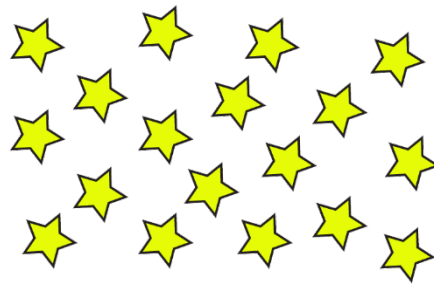
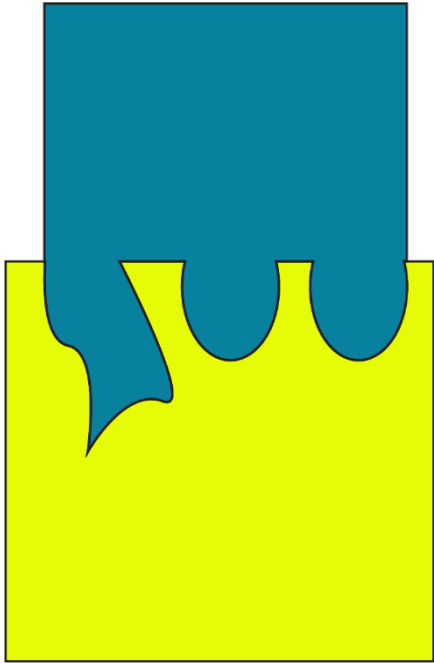
Medication for Opioid Use Disorder (MOUD)

- Improves patient survival
- Increases retention in treatment
- Decreases illicit opioid use
- Decreases criminal activity
- Increase patients' ability to gain and maintain employment
- Improves birth outcomes among pregnant women
- Lowers a person's risk of contracting HIV or hepatitis C

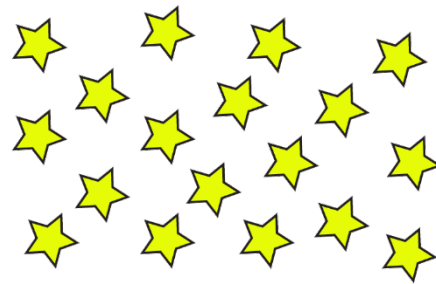
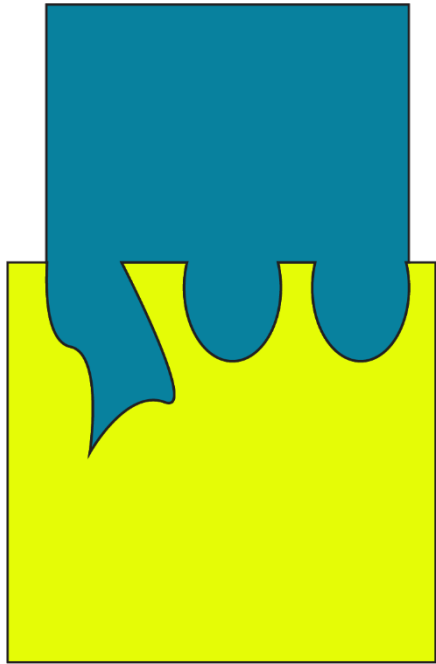




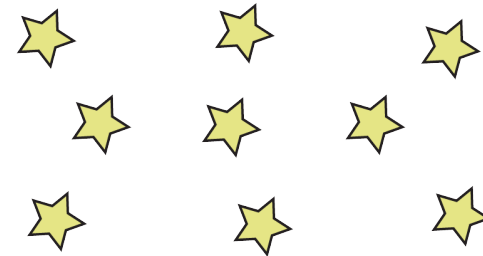
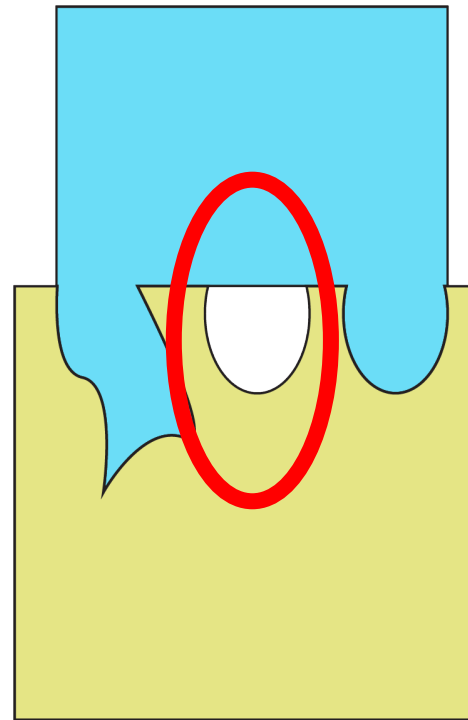
FULL AGONIST (Methadone)



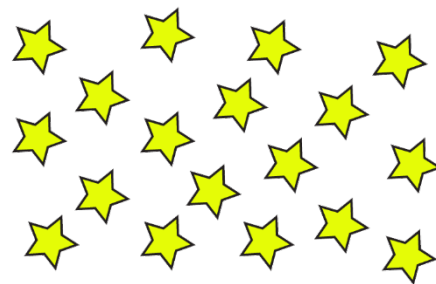
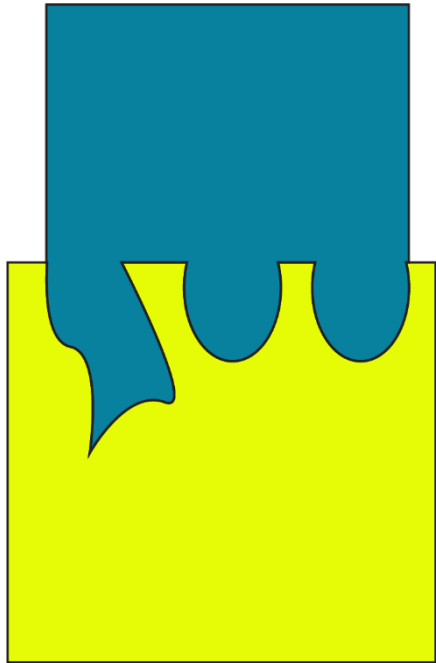
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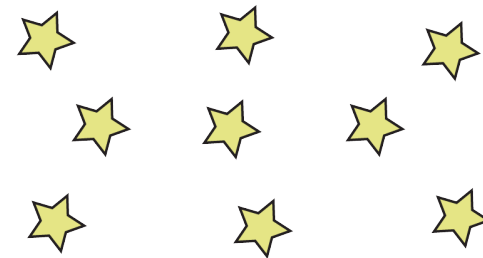
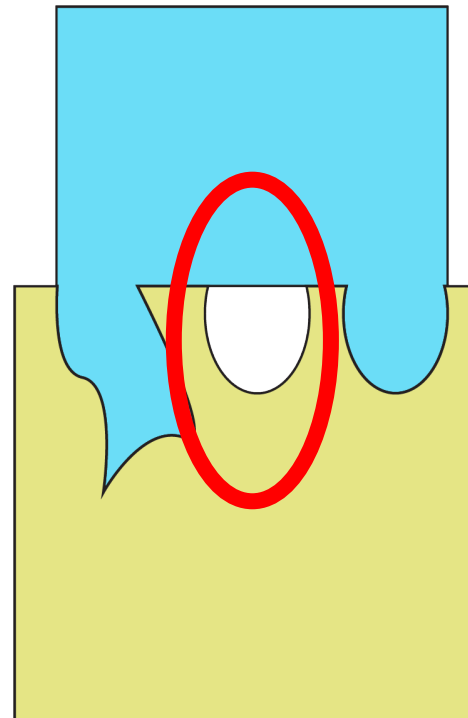
PARTIAL AGONIST (Buprenorphine)



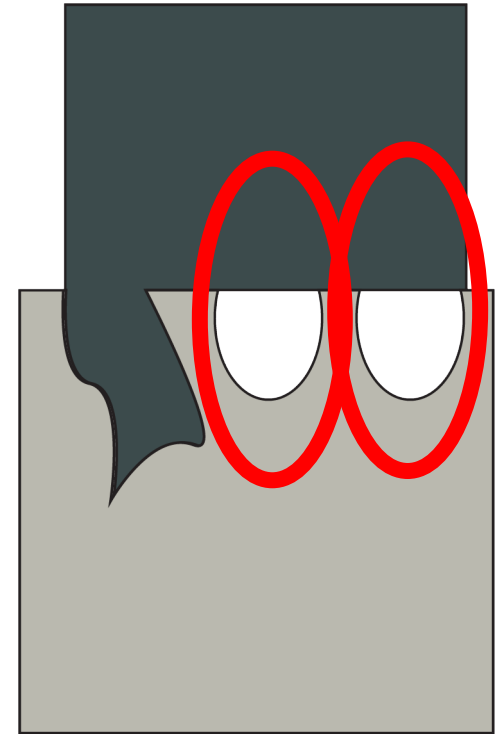
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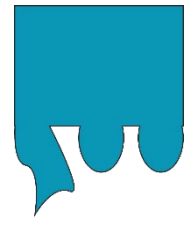
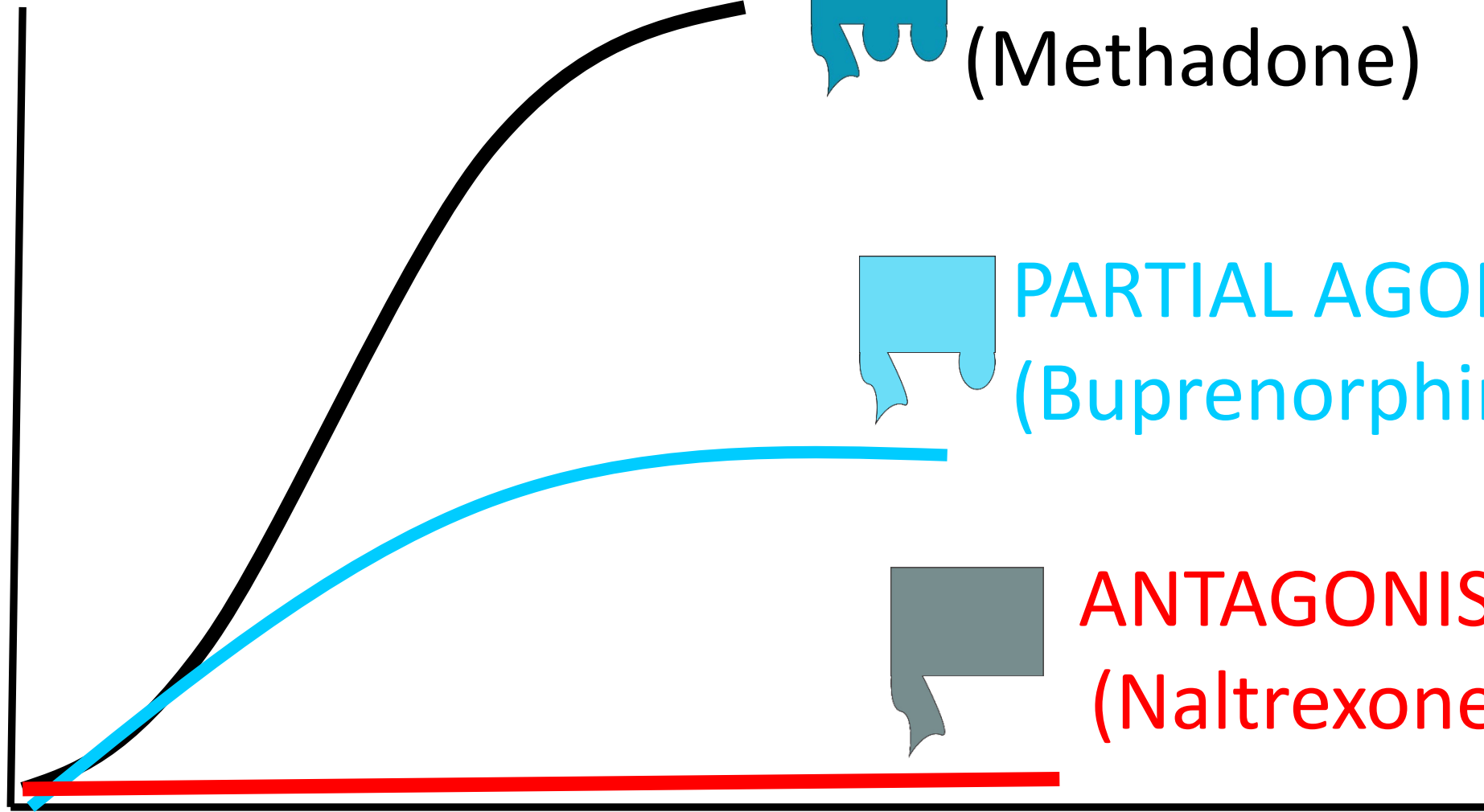
PARTIAL AGONIST (Buprenorphine)



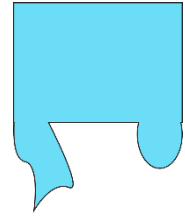
ANTAGONIST (Naltrexone)



Opioid Effect



FULL AGONIST
(Methadone)



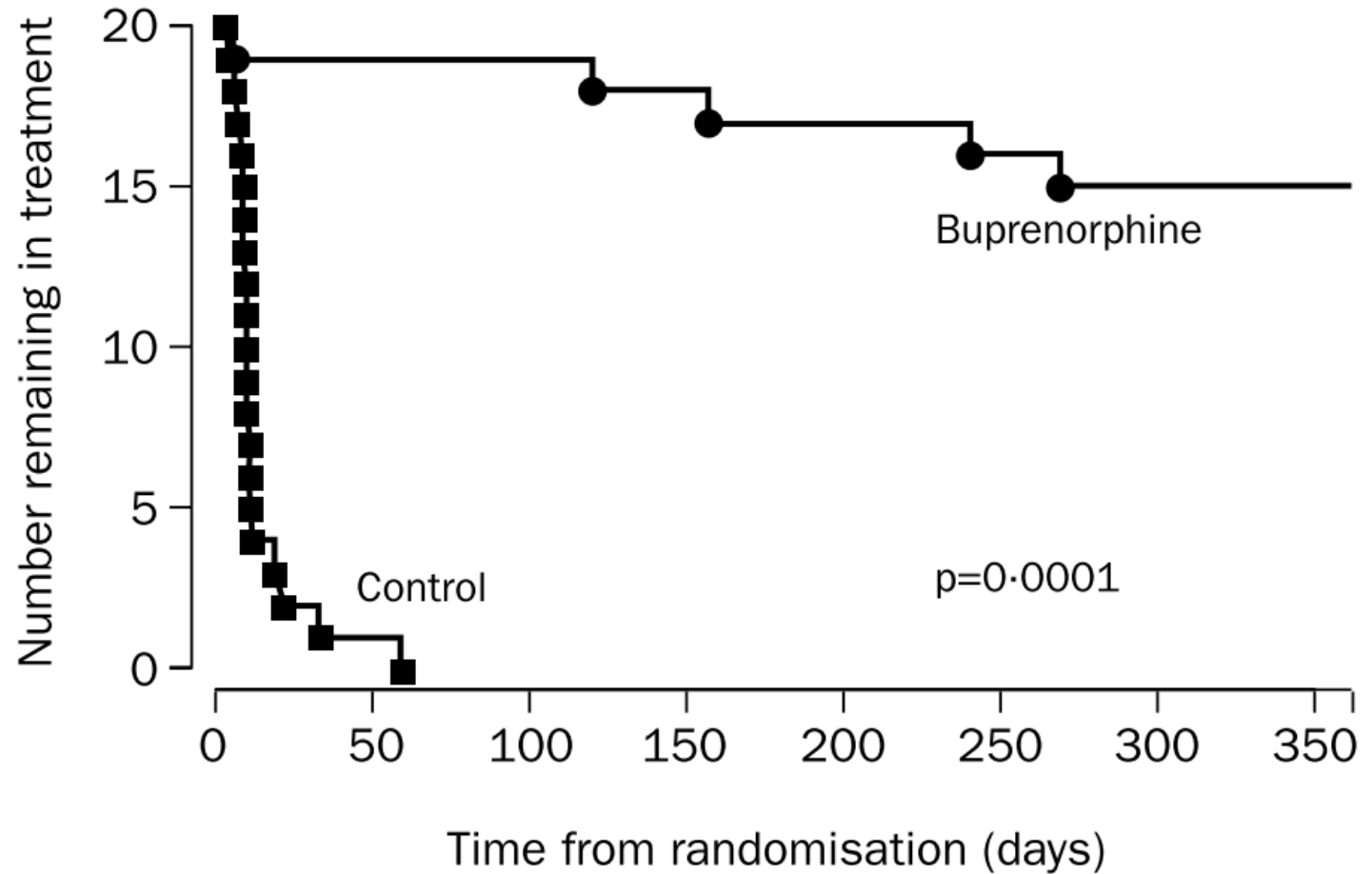
PARTIAL AGONIST
(Buprenorphine)



ANTAGONIST
(Naltrexone)

Dose

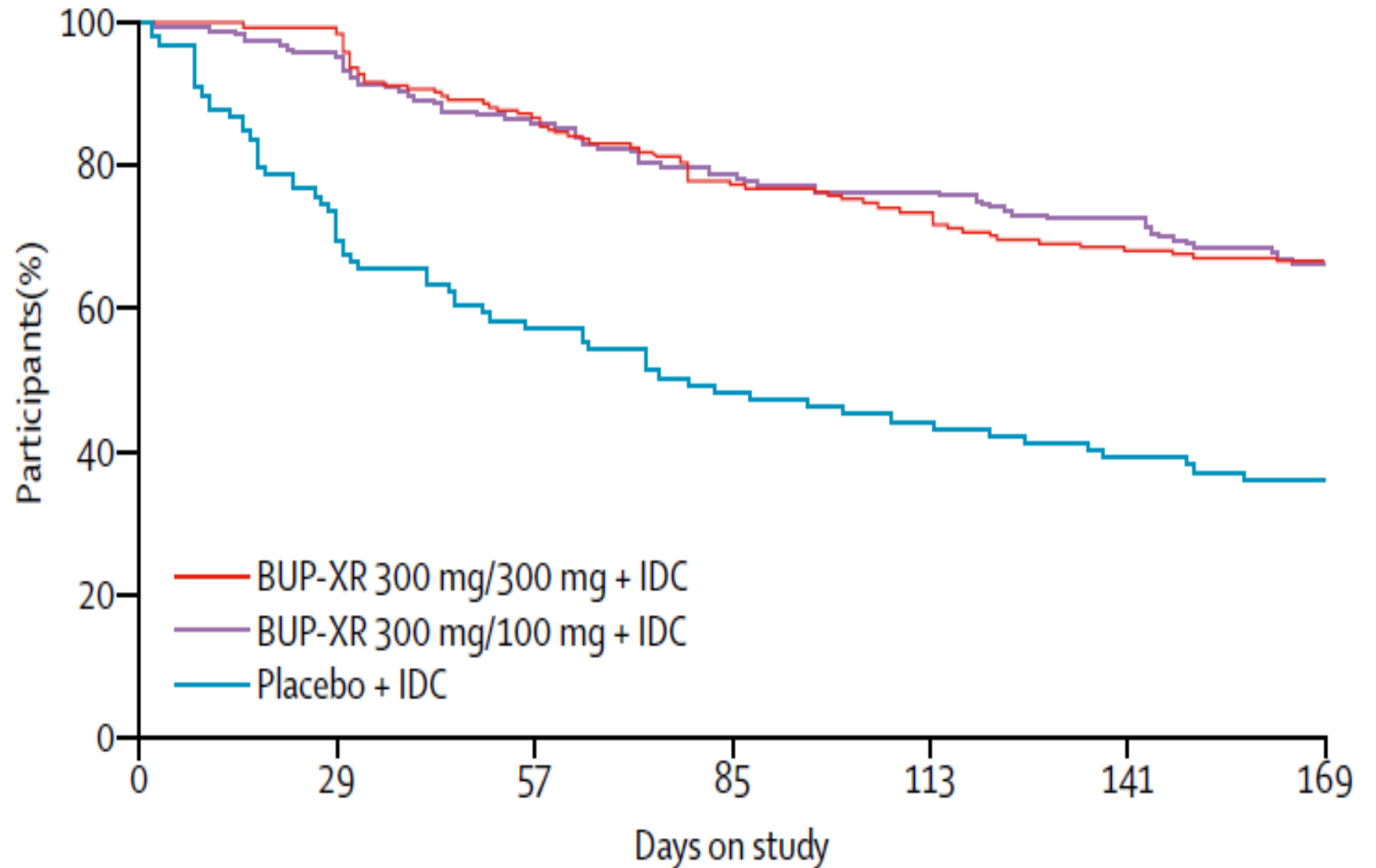
MOUD
is
Very
Effective in
Treatment
Retention



Number at risk

20	19	18	17	17	16	15	15
20	1	0	0	0	0	0	0

MOUD
Benefits
Are
Consistent
Across
Studies



MOUD Also Can Increase Abstinence

