Medication assisted treatment in the primary care setting
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INTRODUCTION
- An estimated two thirds of individuals with addiction see a primary care provider every six months.
- Primary care providers are in a unique position to screen for and treat addiction.
- Using a multidisciplinary approach of medication and behavioral therapy gives the patient the greatest opportunity for prolonged recovery.
- Many studies show that the treatment of opioid and alcohol use disorder can be successfully integrated into general office practice by physicians and health providers who are not addiction specialists.

MEDICATION ASSISTED TREATMENT OPTIONS

Medications to treat Opioid Use Disorder
- Methadone (opioid agonist):
  - Clinic-based, daily liquid dispensing SAMHSA certified OTP.
  - Caution in patients at risk for prolonged QT interval or serious arrhythmias.
  - Contraindicated in patients who are hypersensitive to methadone, suspected of paralytic ileus, or respiratory depression.
- Naltrexone (nonaddictive opioid antagonist):
  - Office-based, daily pill or monthly injection.
  - Any individual who is less likely to have medication adherence or prescription requirements.
  - Caution in patients with active liver disease and moderate to severe renal impairment.
  - Discontinue with signs of acute hepatitis.
  - FDA recommends relapse at 6-12 month intervals.
  - Patients should remain patients that overdoses may result from trying to overcome the blockade.

Buprenorphine (partial agonist):
  - Daily dissolving tablet, 1 week, 6 month implant.
  - Physicians must have board certification in addiction medicine or Addiction psychiatry and complete special training to qualify for the federal waiver.
  - Caution in patients with polypharmacy use and those with severe hepatic impairment, compromised respiratory function, and healthaly.

Medications to treat Alcohol Use Disorder
- Disulfiram (acetohydroxyacid synthase blocker):
  - Started after detox or at least 3 days from last drink daily tablet.
  - Includes unpleasant side effects (nausea, headache, vomiting, chest pain).
  - Education to avoid metronidazole and alcohol exposure.
- Acamprosate (GABA agonist):
  - Started on fifth day of abstinence to prevent craving and takes five to eight days to take effect.
  - Two tablets taken three times daily.
- Naltrexone (see above):
  - Blocks the euphoric effects and feelings of intoxication.

PREGNANCY
- MAT during pregnancy is a recommended best practice.
- Methadone and Buprenorphine (Pregnancy category C) are used to stop and prevent opioid withdrawal and reduce cravings.
- Abrupt discontinuation of opioid use during pregnancy can result in premature labor, fetal distress, and miscarriage.
- Maternal Opioid Treatment: Human Experimental Research (NOTHER) study (Jenik et al. 2010) examined the use of both methadone and buprenorphine maintenance.
- Buprenorphine exposed infants required shorter treatment duration and less medication to treat the symptoms of neonatal abstinence syndrome compared to infants exposed to methadone.

CONCLUSIONS
- Treatment for opioid or alcohol use disorder requires a multidisciplinary approach including medication assisted treatment and behavioral therapy.
- Pharmacologic treatments for substance use disorders in the primary care setting is supported by research evidence and consensus among experts.
- MAT initiated during addiction treatment must be continued by primary care providers to fully support recovery.
- Addiction specialists are available for consultation when questions about MAT arise.
- Recovery from substance use disorders will cause a suicide of events including improvement in quality of life, reduced costs individually and nationally, and potentially improve co-morbid conditions.

RESOURCES FOR PRIMARY CARE PROVIDERS
Treatments of Opioid Use Disorder
- Buprenorphine Waiver Management (www.samsba.gov:medications-assisted-treatment/buprenorphine-waiver-management). Provides information on the buprenorphine waiver, including links to the buprenorphine waiver application and an explanation of the processes, requirements, and recordings to assess and monitor buprenorphine.

Treatments of Alcohol Use Disorder

Treatment Centers
- Specialized treatment programs anywhere in the United States can be identified through the Substance Abuse and Mental Health Services Administration on the SAMHSA website. http://www.dispersion.samhsa.gov. (SAMHSA, 2018)

LITERATURE CITED

PSYCHOTHERAPY
- MAT is used in combination with counseling and behavioral treatments can provide a multidisciplinary approach to treating substance use disorders.
- This combination of medication and therapy can successfully treat these disorders.
- Examples: individual/group counseling, inpatient and residential treatment, intensive outpatient treatment, partial hospital programs, case management, recovery support services, 12-step follow-up, and support groups.

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