Suboxone

Buprenorphine + Naloxone in a sublingual tablet
Available in 2mg/0.5mg and 8mg/2mg tablets

How Does SuboxoneWork?

Background Information:

- Opioids stimulate opioid receptors
  - Opioid effects: euphoria, sedation, analgesia
  - Adverse effects respiratory depression, nausea, constipation

Buprenorphone

- Partial agonist
- Binds tightly to opioid receptor
  - Blocks opioid effects of full agonists (discourages opioid abuse while on Suboxone)
- Slow dissociation from opioid receptor (milder withdrawal symptoms)

Naloxone

- Opioid receptor blocker
- Included to discourage injection/abuse/diversion
  - Injected: blocks/reverses opioid effect and precipitates withdrawal
  - Sublingual: not absorbed; no effect

Methadone (full μ agonist)	Buprenorphine (partial μ agonist)
- no ceiling dose - can titrate up indefinitely - more dangerous in overdose and if concurrent opioid abuse	- ceiling dose - limited effect past 32 mg - less dangerous in overdose - reduced potential for abuse
- unpredictable and wide inter-patient variability in half-life	- more predictable pharmaco-kinetics allow simpler titration
- higher risk of QT-prolongation	- safer option for patients on other QT-prolonging drugs

Administering Suboxone

Preparing

- If patient finds tablet hard to dissolve, halve/quarter the tablet for more surface area

Before giving to patient

- Ensure patient is not intoxicated or sedated
- Ensure no personal items are close by for diversion to happen

Administering Suboxone

- Give patient water to moisten mouth if needed
- Have the patient put the tablet under the tongue (minimally absorbed if swallowed)
- Tell patient not to suck on the tablet

Afterwards

- Check at 2-5 minutes for half-dissolved tablet
- Check again when it's all dissolved (tablets take up to 10 minutes to dissolve)
- Advise the patient not to eat or drink for 5 minutes to maximize SL absorption
- If patient vomits after the tablet is all dissolved, reassure that absorption is not affected

Monitoring a patient on Suboxone

First dose (patient presents in moderate withdrawal)

@1hr

- Precipitated withdrawal if patient was not in adequate withdrawal before dosing
- Symptoms may worsen after 1st hour, but will resolve within 12hrs
- Don't give a second dose of Suboxone as this will worsen sx

Opioid withdrawal sx
· cravings · insomnia · fatigue · flu-like sx (myalgia, chills, nausea, diarrhea) · pupil dilation · increased HR or BP · agitation/restlessness · yawning · vomiting · sweating · goosebumps · tearing

@3hrs

- Assess for efficacy of Suboxone in managing withdrawal symptoms
- If partial improvement physician may consider giving a second dose of 2-4mg (max 8mg on first day)

Maintenance dose

Common side effects	Early warning signs of intoxication	Opioid intoxication triad
≠ intoxication!	= advise physician	= urgent management
· constipation · mild anxiety · nausea · decreased appetite	· drowsiness, nodding off/falling asleep when left alone for a few minutes · bloodshot eyes · euphoria	· decreased LOC · respiratory depression · pin-point pupils (not always present)

Prepared in Aug 2016 by Ricky Lee and Brenda Park.

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