

Case Study: Three Day Suboxone Taper for Opiate Withdrawal

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ABSTRACT

Drug addiction has reached epic proportions throughout the United States. Providers and researchers are working to develop treatment options to help individuals who wish to overcome addiction. Suboxone tapers are now frequently utilized to manage opiate withdrawal. However, the use of a three-day taper is not well discussed in literature. This case study gives an overview of how a three-day taper may be utilized for some clients experiencing negative withdrawal symptoms. After initiating the suboxone taper, the client reported mild symptoms of withdrawal per the clinical opiate withdrawal scale (COWS) ratings. This individual was able to complete the detox program and move onto residential living. These results suggest that a three-day suboxone taper may help aid in the recovery of individuals with substance use disorder (SUD), but due the limited size of a single case study, more research is needed including long-term evaluation.

Keywords

Suboxone, Buprenorphine/naloxone, Detox, Opiate withdrawal.

Introduction

With an estimated 19.7million adult Americans struggling with substance use disorder (SUD) carrying more than a \$740 billion dollars a year price tag, providers are challenged to deliver care to these individuals in an attempt to reach sustained remission from addiction [1]. Many individuals would like to stop using illicit drugs but are unable due to the negative effects that occur during withdrawal. These symptoms, often referred to as being “drug sick” can range from flu-like symptoms to life-threatening conditions associated with abnormal brain activity that occurs when the substance is no longer in the individual’s body [1].

Buprenorphine and naloxone (Suboxone) tapers are becoming more prevalent for the management of opiate withdrawal symptoms. No substantial information regarding a three-day suboxone taper with subsequent medical management by prescription and over-the-counter drugs is present in literature. This case study will provide a review of the medical management of a client’s withdrawal symptoms utilizing a three-day suboxone taper. The buprenorphine taper and subsequent medical management with prescription and

over the counter (OTC) medications was completed at a detox facility level 3.7 care per the American Society of Addiction Medicine (ASAM) in rural Appalachia. The Clinical Opiate Withdrawal Scale (COWS) was utilized to assess a patient’s level of physical dependence on opioids. The COWS is a rating system which evaluates 11 subjective symptoms with objective signs. It is scored as: 5-12 (mild symptoms); 13-24 (moderate symptoms); 25-36 (moderately severe symptoms) and a score greater than 36 (severe withdrawal symptoms).

Case Presentation/Background

A 23-year-old Caucasian male was admitted to a withdrawal management unit (WMU) for opiate use disorder. The client reports opiate use started with nasal (snorting) use of pain pills at age 15 due to peer pressure. By age 21 he had progressed to intravenous (IV) heroin and fentanyl use at approximately 0.5 to 1-gram use per day. The client denies any past medical history other than insomnia, previous abscess, and hepatitis C. He is on no daily medications at the time of admission. The client reported that he had previously tried to detox “multiple times,” but the symptoms were too severe, and relapse occurred. These detox attempts were tried at both home and in detox facilities. As of the time he was admitted, the patient had not been able to achieve a

period of sobriety beyond a few days.

Initial Evaluation

Upon admission to the WMU, the client had a COWS score calculated. His symptom at the time of admission were pulse rate between 81-100 and reporting irritability and anxiousness resulting in a COW'S score of two. The client reported that he used fentanyl the morning of admission. Within 12 hours of admission the client's COWS score was 10 (mild) and rose to 19 (moderate) within 36 hours after admission. At 36 hours after admission, with a COW'S score of 19, the client began a suboxone taper. Due to the client's report of severe withdrawal symptoms and inability to complete a detox program prior to this admission, the patient was scheduled an appointment with a provider who was able to prescribe suboxone (buprenorphine HCL/naloxone HCL) sublingual film.

Methods

On day one of the taper, the client received suboxone 4mg/1mg in the morning and another dose of suboxone 4mg/1mg in the evening for a total of 8mg/2mg for suboxone that day. The second day, the client received 2mg/0.5mg of suboxone in the morning and suboxone 2mg/0.5mg in the evening for a total of 4mg/1mg. On the third day, the client received only one dose of 2mg/0.5mg of suboxone in the morning. Thus, the taper was 8mg/2mg, 4mg/1mg then 2mg/0.5mg from start to finish. During this time the client was also prescribed promethazine, acetaminophen, ibuprofen, clonidine, loperamide and melatonin which were all ordered as needed with varying dosages and frequencies.

Findings

Upon beginning the first dose of suboxone, the clients COWS score was reduced from 19 to a five. Respectively, the evening of day one of the taper, the clients COWS score was decreased to a three. Day two, the COWS score was five in the morning and seven in the evening. On the final day of the taper, the COWS score was noted to be six. Each of the COWS scores after the taper was initiated were noted to be within the mild range which is five to 12 or lower.

On day three of the suboxone taper the client also began a diazepam taper. The diazepam taper was given as needed based on the clients reports of symptoms of agitation, anxiety, or a COWS greater than five. The taper began every six hours for 24 hours then was decreased to every eight hours for 24 hours. The diazepam was then given every 12 hours for 24 hours and was given once on the final day. The three-day suboxone taper plus the four days of the diazepam taper allowed this client to complete detox management within seven days.

During the client's six days on the WMU, he received one dose of loperamide for diarrhea. He required no acetaminophen but received a total of four doses of ibuprofen (although it could be taken every eight hours if needed) for body and headaches.

Promethazine for nausea was prescribed every six hours with only six total doses needed during his stay. Additionally, clonidine could be given every four hours if his blood pressure was greater than 110/70. A total of six doses were provided. The diazepam taper was taken every time it could be given per the protocol. The client did request melatonin nightly for sleep.

No additional Suboxone was offered to this client beyond the last dose given on day three of the taper due to facility policies and procedures. Knopf [2] found that fast access to methadone or suboxone can be better for some clients and prevent relapse better than other methods of detox. Additionally, Law et. al., [3] found that there was not a significant difference in outcomes in relation to use of suboxone versus methadone/lofexidine for detoxification. Due to management preferences, suboxone was not a treatment regimen that clients could continue daily while in residential or sober living facilities. Although suboxone overall has proven to promote longer periods of sobriety particularly when continued after detox, suboxone was only offered as an outpatient option for this organization [4].

Conclusion

As addiction continues to impact millions of individuals, providers must seek treatment options to help care for the side effects associated with withdrawal allowing patients to successfully complete detox. While there is not a "one size fits all" approach for care, the implementation of the suboxone taper was thought to be the key factor for this patient to complete detox without a relapse. As the client previously reported, he had not been successful in completing a detox program due to the severity of his withdrawal symptoms, he was capable to completing this detox program with the implementation of a suboxone taper. Longitudinal studies and larger subject pools are needed to determine the validity of a three-day suboxone taper, but the results of this study lead the facility to continue utilizing this type of taper for clients who were previously unsuccessful in completing detox or who experienced significant withdrawal symptoms.

References

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