

# focus on



## Optimal Dosing for Opiate Substitute Treatment (OST)



*"It is important not to under-dose patients who continue to use illicit opiates. There is a strong evidence base that higher OST doses are more effective and many biological, psychological and social factors will influence the dose required to achieve stability. Optimising the dose of oral opioid replacement is an appropriate strategy for the prescriber to use to address unsuccessful treatment."*

Drug misuse and dependence. UK guidelines on clinical management. London: Department of Health (2017) – **The Orange Book**

### What is Optimal Dosing in the Context of OST?

To manage the complex support needs of an ageing, opiate dependant cohort, it is vital for them to have a safe and stable foundation from which they can consider their treatment options and take appropriate steps towards their recovery goals.

Methadone and buprenorphine remain the most effective OST medications in establishing this foundation, although their efficacy is very much subject to their being prescribed at optimal levels. As a partial agonist, buprenorphine is often seen as the preferred option as its pharmacological composition makes it a more effective opiate blocker at low-doses.

Methadone can also block opiates (e.g. heroin), but, unlike buprenorphine, this can only be achieved at higher doses (e.g. upwards of 80mg). For this reason, buprenorphine is not often considered as the first OST option for new presentations.

The Orange Book advises the following doses as optimal:

- ✚ Methadone - 60 to 120mg/day
- ✚ Buprenorphine - 12 to 16mg/day  
(or up to 32mg in some cases)



### What are the challenges of prescribing OST at optimal levels?

Titrating chaotic and complex clients to an optimal level of OST presents its own challenge as this cohort is less likely to attend medical reviews and more likely to drink alcohol and use on-top of their script, thus impeding the safe prescribing of methadone / buprenorphine at higher doses.

As opiate-based medications, methadone and buprenorphine are both subject to tight controls to minimise potential overdose and diversion risks. These risks understandably increase as the dose increases. There is perhaps a negative perception that because 'higher doses mean greater risks', clients should be discouraged from further titration once they have stabilised.

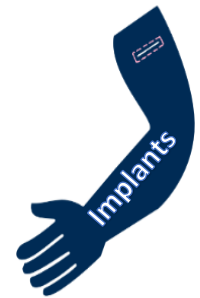
However, risks can be mitigated through collaborative care planning and supervised consumption - although with this option costing services around £2.50 per dispensation, it is understandable that in these times of budget cuts and limited resources, many services would seek to curtail the number of clients on supervised consumption.

## Looking ahead ...

Most prescribing services would agree that providing a choice of treatment options is empowering for service users and a crucial component of effective, personalised treatment.

Prices for buprenorphine are finally beginning to settle, although many services remain wary of a return to the 700% price increase of the drug that send shockwaves through the sector in 2018.

There is good news on the horizon following the successful trials of new OST drugs, including buprenorphine implants that can provide a constant low-level dose for up to six months. When this becomes more widely available, it could dramatically change client outcomes as well cut the costs of supervised consumption.



## How can ILLY help?

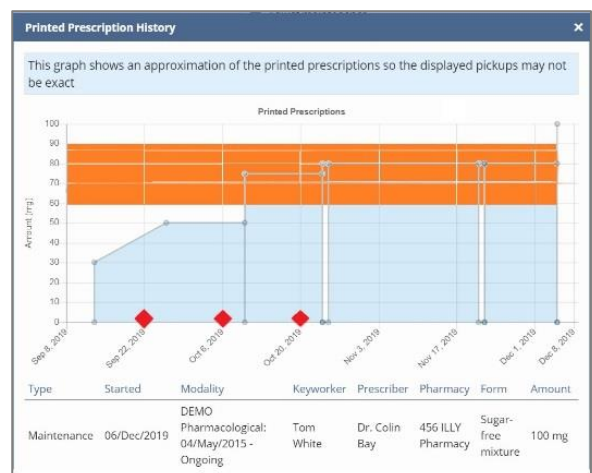
The ILLY teams have been working with their partners across the NHS, community and prison services to make a real difference to the vulnerable clients within our community. Key within has been the development of therapeutic tools that practitioners and their clients use as part of their recovery plan.

LINKS CarePath has an integrated substitute prescribing system that has been designed and developed with practitioners for many years, including multi-dose and automatic holiday script management.

Services can maintain an 'optimal' and 'sub-optimal' dose against each medication they prescribe. This enables workers to quickly generate reports which can then be used to support the management of patient medication.

With easy-to-access drug screening and TOPs data, practitioners can assimilate an effective script management plan that will guide them as they support their clients toward their recovery goals.

As the science develops and pharmaceutical companies continue to improve how OST medications are administered, ILLY will continue to evolve our systems, ensuring that the client remains at the heart of their personalised treatment journey.



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