DRUG ALCOHOL FINDINGS *Review abstract*

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▶ Gender issues in the pharmacotherapy of opioid-addicted women: Buprenorphine.

Unger A., Jung E., Winklbaur B. et al.

Journal of Addictive Diseases: 2010, 29(2), p. 217–230.

This paper reviews the treatment options for women dependent on opiate-type drugs, focussing on buprenorphine, including its safety for the treatment of pregnant and breastfeeding women.

SUMMARY The researchers in this review seek to raise awareness of the need to take gender into consideration when making substance use treatment decisions for women, in an effort to optimise the outcomes and enhance women's quality of life. The paper focuses on buprenorphine as a treatment option. Buprenorphine medications are commonly used to aid withdrawal from opioids, and on a long-term maintenance basis as a safer substitute for illegal opioids.

Gender is a key component of substance use trajectories, treatment outcomes and experiences, yet it is understudied in the field of substance use. Women are likely to have an earlier age of initiation of substance use and a more rapid progression to drug involvement and dependence than men. In some countries, women of 'childbearing age' make up a third of people with dependence on opioids. Optimising treatment outcomes in terms of retention and completion requires consideration of barriers to treatment access and entry specific to women. This can include a lack of child care, lack of services for pregnant women, and fear of losing custody when the baby is born.

This review considers the role of gender in the choice of medication-assisted treatment, the effects of drugs on the body, the interactions between different drugs, the potential for heart problems to develop, the safety of buprenorphine for treatment of pregnant and breastfeeding women, and outcomes for newborns after the mother has been exposed to opioids during pregnancy.

A limitation of this paper was its focus on buprenorphine. However, the authors did advise that data from the international MOTHER study, not available at the time of publication, was expected to shed light on whether methadone or buprenorphine should be the preferred treatment for pregnant women. For more information, see commentary below.

FINDINGS COMMENTARY The MOTHER study was a randomised controlled trial at eight international sites (six in the United States and one each in Austria and Canada), investigating the use of buprenorphine versus methadone treatment for 175 pregnant women dependent on opioids. Methadone has historically been the recommended treatment for pregnant women. This study, however, provides evidence for the use of buprenorphine as an alternative for some women. Buprenorphine was preferable for two out of five primary outcomes in the MOTHER study: the length of hospital stay and the total amount of morphine needed to treat 'neonatal abstinence syndrome' (problems experienced by newborns after exposure to opioids whilst the mother was pregnant). There were no significant differences for the remaining primary outcomes: number of newborns requiring treatment for neonatal abstinence syndrome, peak severity of neonatal abstinence syndrome and the head circumference of the newborn.

Buprenorphine may be suitable for some, but not all women. At a very high dose, a 'ceiling effect' is observed in buprenorphine – any increase in dose after this point, will not produce an increase in effect. As a result, women dependent on opioids and requiring a high dose of treatment, are not likely to benefit from buprenorphine. In this particular study, women were excluded from participating if they were taking benzodiazepines or using alcohol – an arguably atypical sample. Also, compared with methadone, the researchers reported lower rates of satisfaction with buprenorphine, and higher rates of drop-out.

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