

15.4 British study makes a case for buprenorphine as first line heroin detoxification option

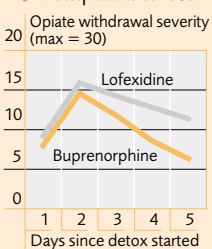
Findings Compared to a standard lofexidine regime, buprenorphine is preferred by opiate dependent patients and enables more to complete outpatient detoxification.

481 patients at an English health service drug clinic were accepted for outpatient detoxification and were eligible for the study. 210 agreed to be randomly allocated to one of two regimes; the remainder chose between the two. One was (for Britain) a typical procedure lasting four days relying on lofexidine and other drugs which, whilst not opiate substitutes, relieve withdrawal symptoms. Over seven days, the other involved increasing then tapering doses of buprenorphine, an opiate substitute which also has opiate blocking effects.

Patients who chose their procedure did about as well in either. About 60% completed it and of those followed up a month later (about 8 in 10 were), a third told researchers they were no longer using illicit opiate-type drugs. The differences emerged among the patients who accepted random allocation. On buprenorphine, 65% completed compared to 46% on lofexidine, a statistically significant advantage

which fed through to a higher proportion (35% v. 25% of those who started treatment) reporting opiate abstinence one month later.

During detoxification buprenorphine patients were consistently more comfortable and significantly so from day three [chart](#). Presumably as word spread, by the end of the study all the patients who exercised choice opted for buprenorphine.



In context Outcomes should be seen in the context of careful preparation, initiation of the procedures by an experienced clinician, and daily clinical contact, features which can be expected to have promoted completion across the board. Nevertheless, the buprenorphine procedure further improved completion despite taking three days longer. Few applicants were excluded from the study, suggesting that the results would apply to similar centres elsewhere.

Outside the UK comparisons have been made between buprenorphine and clonidine, a drug similar to lofexidine with equivalent outcomes. These too found buprenorphine better at controlling withdrawal symptoms and promoting completion. Just one of these studies followed up its subjects after outpatient detoxification. Compared to lofexidine, a month later buprenorphine detoxification led to significantly reduced heroin use, seemingly because more patients entered further treatment, often buprenorphine maintenance. Compared to a methadone taper, the few relevant studies suggest buprenorphine subdues withdrawal symptoms at least as well, improves mood, and is at least as effective in enabling completion. In Australia, outpatient buprenorphine regimes have been found more cost-effective (in terms of achieving initial abstinence and entry to follow-on treatment) than clonidine-based or inpatient regimes.

Practice implications When patients have no particular preferences and there are no other contraindications, successful outpatient detoxification is more likely with buprenorphine than with non-opiate, symptom-relief medications, patients feel more comfortable during the process, potentially encouraging more to come forward, and results are at least as good as with methadone. A flexible approach to follow-on care enables suitable patients to enter abstinence-oriented treatment or aftercare, while for others the detoxification can pave the way for longer-term buprenorphine or methadone prescribing.

On buprenorphine, withdrawal symptoms peak over the first two or three days and there is a risk of precipitating withdrawal if prescribing starts too soon, but the final reduction to zero is less of a problem than with methadone. It follows that monitoring and support should be most intense at the start of the procedure. Shared care arrangements with GPs have been found as effective as entirely specialist care and are encouraged by buprenorphine's safety relative to methadone.

Featured studies Raistrick D. *et al.* "A comparison of buprenorphine and lofexidine for community opiate detoxification: results from a randomized controlled trial." *Addiction*: 2005, 100, p. 1860–1867 [DS](#)

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Thanks to Andrew Preston of [Exchange Health Information](#) for his comments.

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