

GUIDELINES FOR THE USE OF METHADONE FOR THE MANAGEMENT OF HOSPITALIZED INTRAVENOUS DRUG USERS

In patients with known or suspected substance abuse, toxicologic screening may be useful to anticipate the development of withdrawal syndromes.

"STREET ADDICTS"

Heroin withdrawal typically begins for 3 to 8 hours after the last use; other opioids may have different time course for onset of withdrawal syndromes. Heroin withdrawal symptoms can be prevented or significantly diminished with methadone doses ranging from 20 to 30 mg per 24 hours. Individual patients may require larger doses (e.g. 40 to 80 mg per 24 hours), especially those patients consuming high purity heroin or other potent synthetic opioids.

Recommendations:

- Methadone 15 to 30 mg PO* per day in 2 to 3 divided doses
- Monitor patient. If objective signs of withdrawal appear, increase the methadone dose by 5 to 10 mg per day. Since the onset of the methadone may be delayed, a small supplemental IV dose of a short-acting agent such as morphine (2 to 4 mg) or hydromorphone (0.5 mg) may be given to terminate the breakthrough withdrawal symptoms.
- *Patients unable to take methadone orally (liquid formulation is available) should be given 1/2 to 2/3 of the oral dose by the I.V. route.
- The dose of methadone should not be revealed to the patient. The liquid formulation can be diluted in a masking agent (e.g. orange juice) to facilitate this.
- The methadone dose should be maintained until the patient is medically stable, and then slowly tapered by approximately 10% to 15% per day.

DRUG USERS ENROLLED IN METHADONE MAINTENANCE PROGRAM

The patient's status, the methadone dose, and the time of the most recent dose must be verified with the maintenance program. Patients enrolled in a maintenance program are best managed by continuing methadone at the usual maintenance dose with once-a-day oral administration. If oral administration is not possible, methadone may be given IV at 1/2 to 2/3 of the oral maintenance dose in 2 to 3 divided doses.

Methadone dose not available:

If the methadone dose is not immediately available, an intermediate dose of 10 mg PO or 5 mg IV Q 6 hours may be given. Observe the patient closely for signs of toxicity or withdrawal.

ANALGESIA FOR IV DRUG USERS

Analgesic needs of these patient can usually be met with normal doses or morphine, hydromorphone, or meperidine in addition to the methadone dose. However, the duration of analgesic effect may be shortened and the IV drug user may require more frequent administration of the analgesic than the opioid naive patient.