

Suboxone versus Methadone for the Detoxification of Patients Addicted to Prescription Opioids: A Review

Context

Canada's rate of prescription opioid use grew by 203% between 2000 and 2010, increasing the risk of opioid addiction and abuse. The prevalence of opioid misuse in primary care settings is difficult to estimate due to patient under-reporting.

Opioid addiction can be managed with substitution treatments that rapidly eliminate withdrawal symptoms (detoxification), and then minimize dependence in the longer term to prevent relapse (maintenance).

Technology

Methadone is a synthetic opioid that reduces the euphoric effects of subsequent opioid use. It is taken orally and is generally given as a liquid mixed with orange juice, to deter intravenous abuse.

Suboxone is a fixed combination of buprenorphine (an opioid) and naloxone (an opioid antagonist). Naloxone was added to deter the intravenous abuse of buprenorphine. Suboxone is taken as a sublingual tablet (dissolved under the tongue).

Issue

Suboxone is a newer option than methadone, comes at an increased cost, and is placed as second-line therapy in many jurisdictions.

A review of the clinical effectiveness of Suboxone as compared with methadone, together with a review of clinical guidelines, will help to guide decisions about the use of Suboxone.

Methods

A limited literature search was conducted of key resources, and titles and abstracts of the retrieved publications were reviewed. Full-text publications were evaluated for final article selection according to predetermined selection criteria (population, intervention, comparator, outcomes, and study designs).

Key Messages

- One randomized controlled trial reported that Suboxone and methadone were similar in terms of treatment retention (the duration of time patients stay on treatment) and decreasing the use of other opioids.
- One guideline suggests that Suboxone should eliminate signs and symptoms of opioid withdrawal and suppress opioid cravings within one to three days. Note that this guideline was not specific to patients addicted only to prescription opioids.
- Results should be interpreted with caution due to the small sample size and short duration of the study.

Results

The literature search identified 234 citations, 8 of which were potentially relevant, with 3 additional articles identified from other sources. Of these 11 articles, 9 were excluded after full-text screening, resulting in 2 meeting the criteria for inclusion in this review: 1 randomized controlled trial and 1 set of clinical practice guidelines.

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