Wisconsin Society of Addiction Medicine
MONTHLY TELECONFERENCE
Thursday, May 24, 2018

Moderator: David Galbis-Reig, MD, DFASAM
WISAM President-Elect

Attendees: Aleksandra Zgierska; Sree Atluru; Blaise Vitale; Eric Smelnick; Erin Trost; William Gaertner; Christopher Christen; Bruce Weiss; Dan Sessler; Shub Barman; MaryAnne Kowal; Kevin Wiedman; Ritu Bhatnagar; John Joseph

Agenda: Resources available to clinicians in Wisconsin (regardless of WISAM membership)

1) WISAM teleconference – 4th Thursday of every month, 7:00-8:00 pm (with break for Summer); open to any clinician

2) WISAM 2018 Webinar Series: Treatment of Substance Use Disorders in Primary Care, June through October 2018

Overview: This complimentary four-part webinar series, funded in part through a Wisconsin Medical Society Foundation grant, provides timely information and updates related to the treatment of substance use disorders. All presenters are local experts who have a clear understanding of Wisconsin's rural issues and barriers to care.

Target audience: Primary care providers in rural areas of Wisconsin who receive little support and education for evidence-based treatment of substance use disorders. Anyone may participate.

Participation: Registration is open and additional details are online at www.WISAM-ASAM.org/webinars Participants may attend the webinars in-person at Meriter Hospital in Madison on the date/time indicated OR through the on-demand webinar option, which will be available free of charge approximately 1 week after the webinar for up to one year following the recording.

Part 1: Wednesday, June 20, 2018, 5:30-6:30 pm
Suboxone 2.0: Beyond the Basics; Presented by Ritu Bhatnagar, MD

Part 2: Wednesday, July 18, 2018; 5:30-6:30 pm
Interpretation of Urine Drug Screen; Presented by David Galbis-Reig, MD

Part 3: Wednesday, August 15, 2018, 5:30-6:30 pm
Treatment of Stimulant Disorder; Presented by Mark Lim, MD

Part 4: Wednesday, October 17, 2018; 5:30-6:30 pm
Treatment of Alcohol Use and Opioid Use Disorder in Pregnancy; Presented by Jacquelyn Adams, MD

3) WISAM 2018 Annual Conference: Road to Recovery: The Science of Addiction and Practical Applications
September 27-29, 2018
Details and registration is available at: **www.WISAM-ASAM.com/Annual-Conference**

Overview: Conference educational sessions will cover a wide array of topics on prevention, treatment and recovery. Learning objectives include:

- Describe prevention and treatment options of opioid and other substance use disorders.
- Evaluate current knowledge and communication gaps in addressing substance use disorders.
- Discuss efforts to curtail the impact of substance use disorders, especially the epidemic of opioid use disorders and overdose deaths, in Wisconsin.
- Review evidence-based approaches to treating substance use disorders and co-occurring mental health problems.
- Identify collaborative efforts that can be implemented to reduce the impact of substance use disorders in Wisconsin.

4) ECHO webinars – Wisconsin Opioid Project ECHO

5) Lofexadine

FDA recently approved lofexadine (an alpha-2 agonist) for opioid withdrawal management. It is the first non-opioid medication approved for opioid withdrawal treatment. Link to the article from the FDA below.
https://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm607884.htm
It is not technically available until late summer, and it's unclear how insurance will cover.

It is similar to clonidine; however, clonidine is not FDA approved for opioid withdrawal management, despite its common use (it is a part of standard of care for opioid withdrawal management).

Lofexadine has the potential to be better tolerated in terms of side effects, while it seems to have efficacy similar to clonidine, with respect to anti-anxiety, pro-sleep, and pain-modulating properties. As with clonidine, it may also be used to help patients taper off opioids (whether prescribed for pain or management of addiction).

Some attendees raised concerns that lofexadine, because it is approved for the treatment of opioid withdrawal, might be inappropriately utilized for opioid maintenance treatment; this can promote relapse and overdose. Stigma is a substantial barrier to medication-assisted treatment with agonist medications. We need to advocate for evidence-based care for patients with opioid addiction and make sure that providers are using the most up-to-date evidence to make clinical decisions.

In terms of common practices used for the management of opioid withdrawal, gabapentin and clonidine are commonly prescribed. Hydroxyzine is also used but with caution in elderly due to its anticholinergic side-effects. Some clinicians have tried L-methyl-folate (in the form of Deplin primarily), which has some limited anecdotal evidence for helping patients with opioid withdrawal, depression, fatigue/malaise symptoms, etc. Ideally, it would be prescribed for those who are not metabolizing folate to methyl-folate; but this determination requires a costly genetic testing (blood test) that is often not covered by insurance. Therefore, some clinicians advocate for a trial (usually at minimum 2-3 months) of L-Methyl-folate to see if it can empirically help, especially since it appears to be essentially harmless. Buying a 3-month supply (as a supplement, over the counter – online is best) ends up cheaper than buying a monthly supply.

6) Urine drug testing

The question was raised by our pharmacist colleagues about the potential for pharmacies being stocked with fentanyl test strips (https://dancesafe.org/product/fentanyl-test-strips-pack-of-10/). although they were not on the call tonight, this question was met with interest. Many 'routine' urine drug tests do not test for fentanyl despite the fact that fentanyl is common nowadays (often as a 'contaminant' of heroin) and often implicated in overdoses. Although there are new tests that could be used for it, it is important to remember that the tests need to be CLIA-waived otherwise they are not billable / reimbursed.

Some clinicians mentioned false-positive test results for oxycodone in patients treated with naltrexone (mostly injectable long-acting naltrexone) when using point-of-care immunoassay tests. When a confirmatory testing was applied, the sample came back positive for naltrexone, and negative for oxycodone.

7) Sublocade

One of the clinicians will start administering the new injectable long-acting buprenorphine and was wondering about the attendees' experience with it. So far, none of the attendees started using this treatment. Lack of insurance coverage was raised as the main barrier. The patient who was approved for it has Humana insurance. Per medication insert, liver enzymes should be checked prior to and then regularly throughout the treatment.

8) Hyper-arousal, hyper-orgasmia during opioid withdrawal

A recent case of middle-aged woman tapered off opioids prescribed for chronic pain sparked interest of one of the attendees to have a more in-depth look into these symptoms. Although not described in the textbooks or spontaneously brought up by patients, it appears to be relatively common during opioid withdrawal based on the reports from clinicians who ask about it (members of the national listserv of addiction medicine physicians, LikeMindedDocs) and patient forums (e.g., through BlueLight, http://bluelight.org).

Next teleconferences:

4th Thursday of June 2018, 7-8 PM
4th Thursday of October 2018, 7-8 PM
4th Thursday of January 2019, 7-8 PM

The meeting adjourned at 8:03 PM.