Coming off depot: comparing withdrawal from depot buprenorphine to withdrawal from sublingual buprenorphine

Presenting Authors:
LLEWELLYN MILLS[1,2,3], *VICTORIA HAYES* [2,3,5], *GAYE BYRON* [4], *CAROLYN STUBLEY* [4], *NICHOLAS LINTZERIS* [1,2,3]

1. University Sydney, Dept. Addiction Medicine, Sydney, Australia
2. Drug & Alcohol Services, South East Sydney Local Health District, Sydney, Australia
3. Drug & Alcohol Clinical Research and Improvement Network, NSW, Australia
4. WHOS (We Help Our Selves), Sydney, Australia
5. UNSW, Dept. Community Medicine, Sydney, Australia

Introduction and Aims: Depot buprenorphine offers a range of benefits over sublingual buprenorphine during treatment, but we know very little about what it is like to come off. In theory the gradual reduction in plasma buprenorphine levels over time should result in less severe withdrawal symptoms than the 'steps' involved in a sublingual buprenorphine dose taper. Furthermore, in depot formulations the negative expectancy effects caused by fear of upcoming withdrawal reductions should be reduced since neither Doctor nor patient knows the precise plasma levels of buprenorphine at any time. Only one study to date has measured withdrawal from depot buprenorphine (Bai-Fang et al. 2004) and it found minimal subjective or objective withdrawal symptoms among participants and no need for rescue medications. However encouraging its results, this study was small (*n*=5), had no control group, and only followed participants for 6 weeks. Our study aims to compare withdrawal from depot buprenorphine to withdrawal from sublingual buprenorphine in a larger group of clients with opioid dependence over 12-16 weeks.

Method / Approach: One group of 15-20 patients with opioid dependents withdrawing from Buvidal monthly and another a group of 10-15 patients undergoing a standard taper from sublingual buprenorphine will be followed for 12-16 weeks during inpatient rehabilitation in a Therapeutic Communities setting at We Help Ourselves Lilyfield, Sydney, Australia. Withdrawal, cravings, adverse events, and psychosocial outcomes will be measured regularly for purposes of comparison.

Implications for Practice or Policy: Results from this study will improve our understanding of how withdrawal from depot compares to withdrawal from sublingual buprenorphine, allowing clients and clinicians considering depot buprenorphine as a treatment to make better-informed decisions.

Disclosure of Interest Statement:
NL has been paid for serving on Advisory Boards for Munidpharma, Indivior and Chiesi Pharmaceuticals. VH has received funding from Camurus for delivering professional education.