

LOCAL AIDS

INFORMATION FOR GENERAL PRACTITIONERS IN LOTHIAN No. 124 - May 2011

Update on Methadone Prescribing in Lothian

In January 2011 the RCGP published "Guidance for the use of substitute prescribing in the treatment of opioid dependence in primary care" <http://www.smmgp.org.uk/download/guidance/guidance004.pdf>. This confirms the well-established evidence base for methadone prescribing and reminds us that:

- The aim of opioid substitute treatment is to improve the quality of life of opioid dependent patients and reduce harm-associated with illicit drug use;
- Methadone Maintenance Therapy (MMT) reduces mortality, illicit drug use, criminal activity, HIV transmission and other BBV risk behaviours. It also attracts and maintains people in treatment without increasing the overall length of dependence;
- Methadone can be used as a component of maintenance treatment, supported recovery and as part of a detoxification regime;
- Patients should have individualised treatment plans addressing psychosocial and medical needs;
- Assessment may also indicate patients more suited to alternative, substitute medications, such as buprenorphine or dihydrocodeine.

Methadone:

Most patients, especially those with complex needs, are referred to specialist services for initiation of treatment:

- The approved formulation is oral solution 1mg/1ml, or 1mg/1ml SF.
- Discuss safe storage of medication and OD risk;
- Lothian guideline is to avoid take-home amounts greater than 350mls other than in special circumstances;
- Assess patient progress at every contact to ensure efficacy and safety of treatment;
- Random toxicology helps to confirm use of substitute medication and other drug use;
- Regularly review treatment plan to support recovery.

Supervised self-administration of methadone:

The RCGP guidance advises this for 3 months at the start of treatment. Lothian guidance also recommends at least 2 weeks supervised consumption every year for all patients.

- Discuss and complete an 'Amnesty' form with patient prior to starting supervised consumption;
- Long-term once-weekly supervision of methadone consumption is **not** advised due to the potential risk of diversion and loss of tolerance.

Drug interactions:

The main drug interactions of methadone are associated with its CNS depressant activity and liver metabolism and include:

- Benzodiazepines, some antidepressants, some antipsychotics and alcohol will all enhance its sedative effect;

- Phenyton, carbamazepine and rifampicin all reduce the levels of available methadone because of their effect on liver enzymes;
- HIV and HCV treatments may also have an effect on methadone metabolism.

Methadone and the QTc interval:

Methadone may increase the QTc interval. Increased risk is associated with:

- Doses of methadone above 100mg;
- Patients using stimulants e.g. cocaine/crack, amphetamines;
- Bradycardia or PMH of structural heart disease;
- Family history of congenital QTc prolongation;
- Co-morbid factors e.g. liver disease, hypothyroidism, anorexia, HIV, alcohol dependence;
- Concurrent use of other medication that may prolong QTc e.g. SSRIs, TCAs, venlafaxine, lithium, macrolides, ciprofloxacin and itraconazole.
- Patients at risk should be offered an ECG, which may lead to a review of their medication or referral to cardiology.

Missed methadone doses:

- Three missed days: ascertain why, discuss how they coped, consider lower dose if clinically indicated;
- Five or more missed days: reassess and re-titrate if appropriate or seek specialist advice;
- Lost or stolen prescriptions should rarely be replaced.

Lothian survey of methadone prescribing:

A snapshot of pharmacies in summer 2010 showed that 99% of patients were prescribed the appropriate 1mg/1ml formulation, 30% were having supervised consumption. Only 17 patients had dispensing intervals exceeding 7 days, although 632 (18%) had take-home volumes exceeding 350mls. Once-weekly supervised consumption was prescribed for 4% of patients overall, but for 19% in West Lothian. Full report on <http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/UsefulResources/Pages/DispensingMethadone.aspx>.

Legal requirements for controlled drug instalment prescriptions:

Prescribers must ensure that CD instalment prescriptions meet the legal requirement that both dose and instalment amount are specified separately on the prescription: e.g. a patient prescribed 50mls methadone per day, dispensed three times per week (e.g. MWF) should be written to indicate the daily dose of 50mls and the instalment amounts of 100mls on Monday and Wednesday and 150mls on Friday. Migration away from GPass allows for more characters to be entered in the prescribing instruction windows and the Controlled Drug Governance Team will be monitoring this aspect of methadone and CD prescribing to help improve local practice.