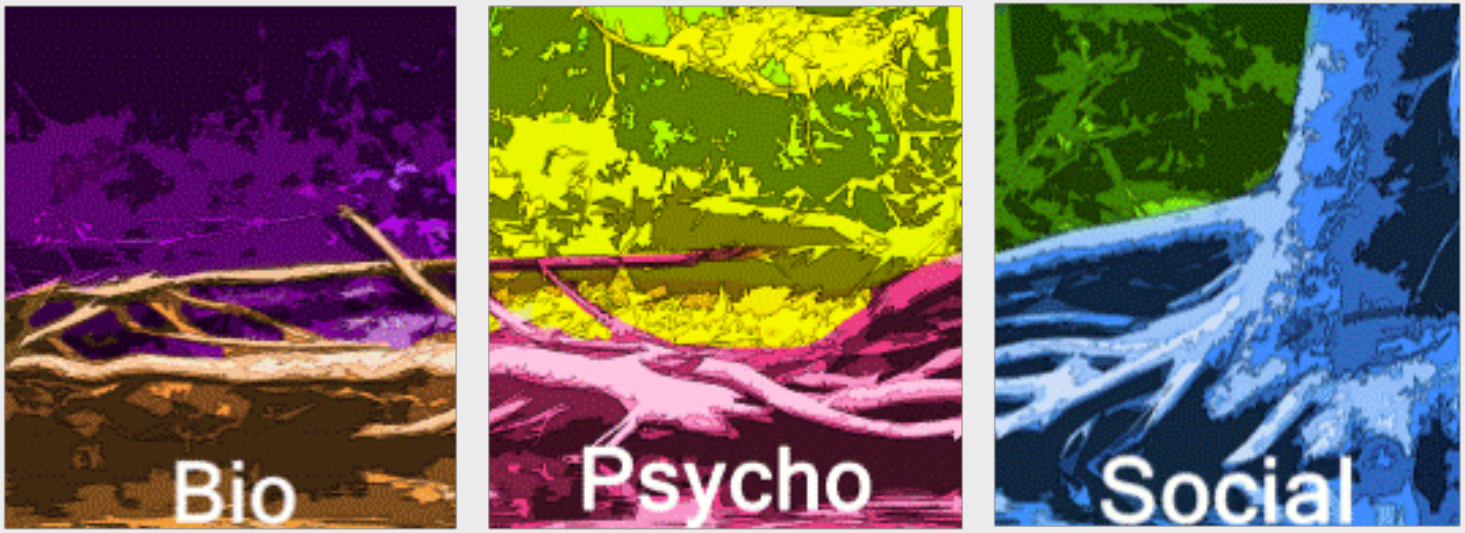
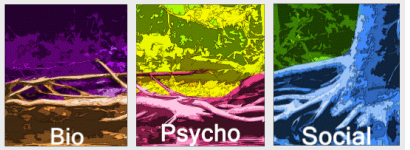
Super-Utilizer



University

SUPER-UTILIZER



UNIVERSITY

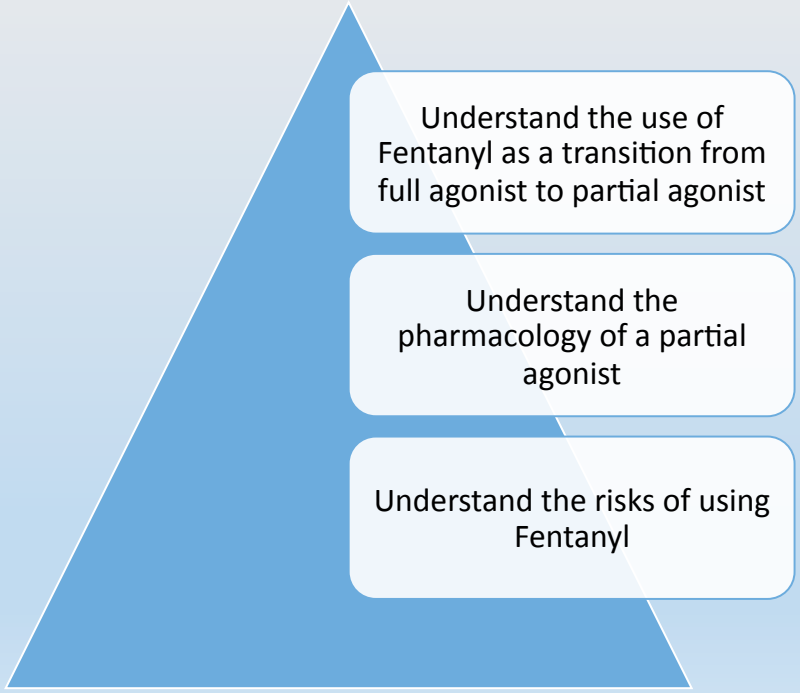
Addiction

Fentanyl Bridge

R. Corey Waller MD, MS, FACEP, FASAM

Director, Center for Integrative Medicine

Objectives


Understand the use of Fentanyl as a transition from full agonist to partial agonist
Understand the pharmacology of a partial agonist
Understand the risks of using Fentanyl

Scope of Issue

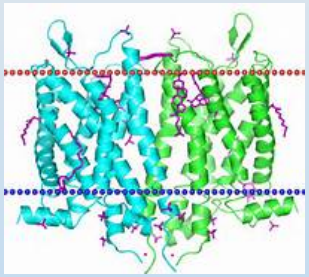
Patients Affected

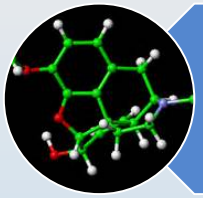
- Late teens to early 30s
- Male > Female
- Mostly oral opioid addicted patients

Downfall of standard pathway

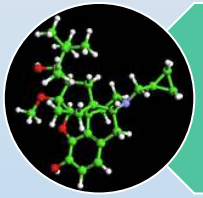
- Need to “detox” to switch over
- High risk of relapse with any withdrawal

Pharmacology

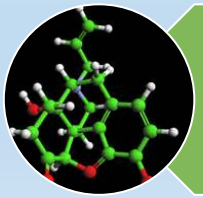




Full Agonists: Compounds that are able to elicit a maximal response following receptor occupation and activation

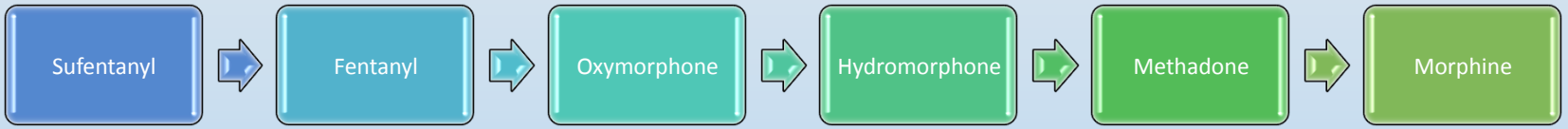


Partial Agonists: Compounds that can activate receptors but are unable to elicit the maximal response of the receptor system.



Full Antagonist: Compounds that are able to block all response following receptor occupation

Full agonist (in order of affinity)



Partial agonist/agonist-antagonist

Nubaine:

- Nalbuphine belongs to the agonist-antagonist group. This exerts its analgesic actions by agonistic activity at opioid kappa (“κ”) receptors. It possess opioid mu (“μ”) receptor antagonistic activity leading to less abuse potential (and unwanted withdrawal).

Stadol:

- Butorphanol exhibits partial agonist and antagonist activity at the μ opioid receptor, as well as competitive antagonist activity and partial agonist activity at the k opioid receptor.

Buprenorphine:

- Buprenorphine is considered a partial μ-opioid agonist displaying high affinity for and slow dissociation from the μ-opioid receptor.

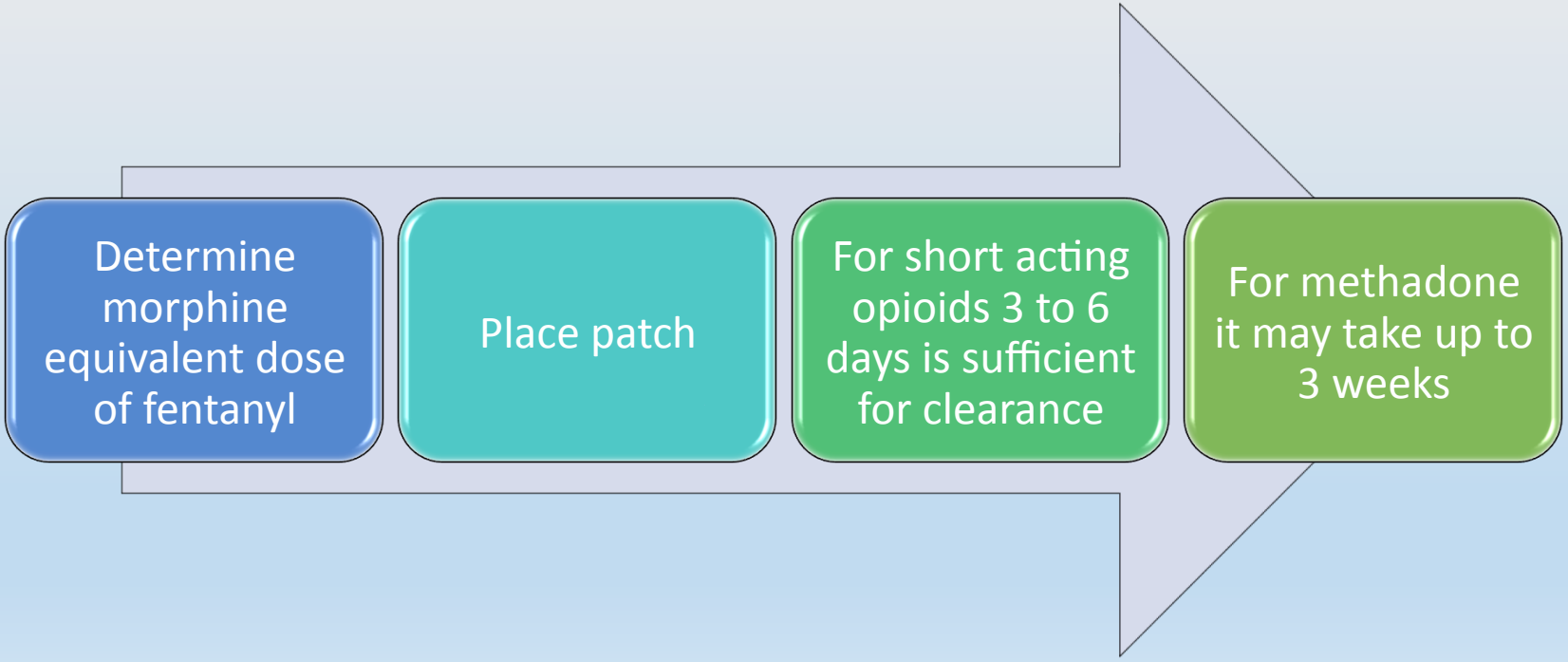
Antagonist

Narcan: Nalaxone

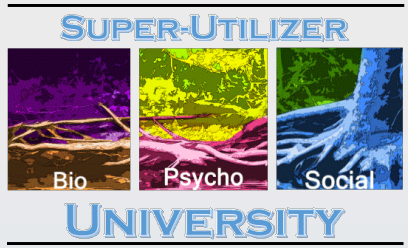
Vivitrol: Naltrexone

Typical opioid “flip”

Fentanyl Bridge



Induction


SUPER-UTILIZER
Bio
Psycho
Social
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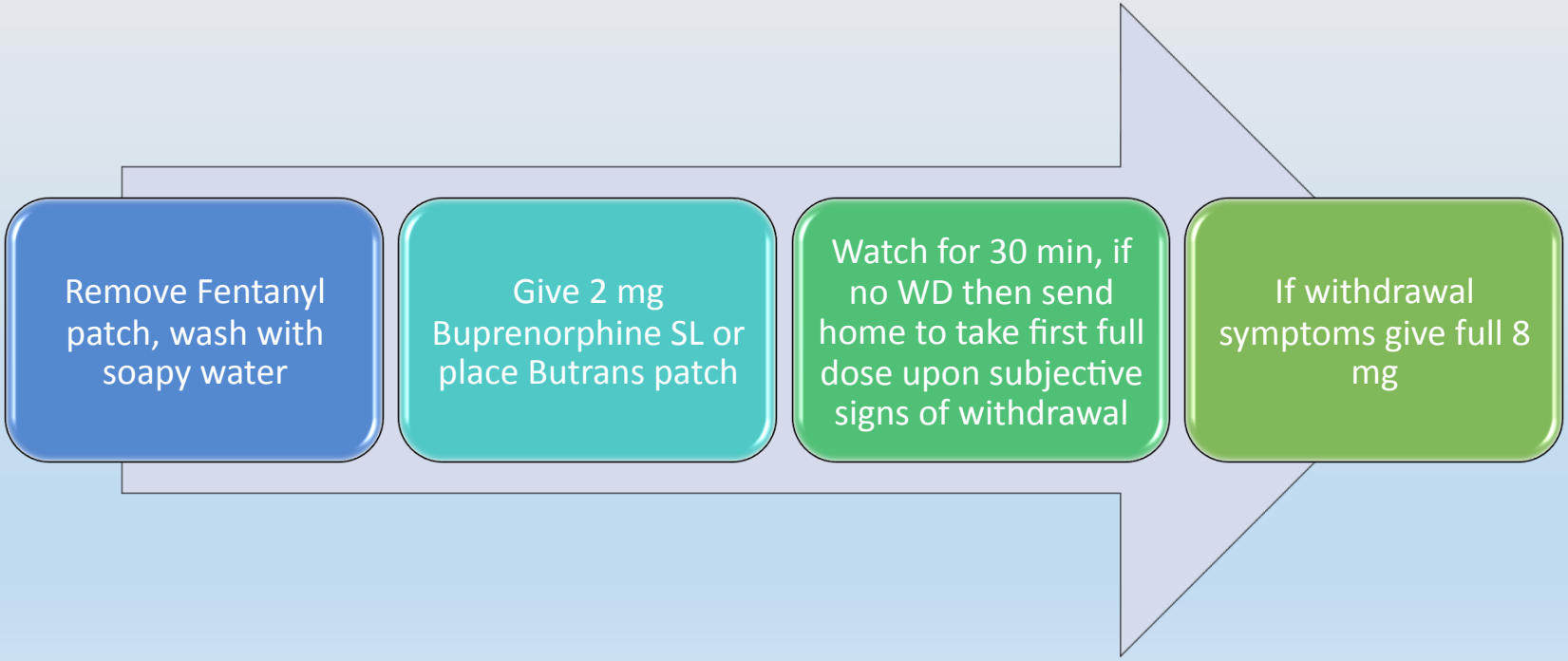
Remove Fentanyl patch, wash with soapy water
Give 2 mg Buprenorphine SL or place Butrans patch
Watch for 30 min, if no WD then send home to take first full dose upon subjective signs of withdrawal
If withdrawal symptoms give full 8 mg

Data

Of the 54 flips attempted for short acting opioids all completed, however patients with greater than 90 mg of methadone have had mixed results

We now use it as a “standard” option

Works great for patients in the hospital

- Can discharge on fentanyl and start Buprenorphine on first out patient visit

We now use it for pregnant patients as well

Risks

Not considered standard of care

- Patients should be apprized of the risks, benefits and alternatives
- Close monitoring is required

Fentanyl has abuse potential

- If patients previous drug of choice then not a great med
- If patient is an injector then use Mylan brand patch
- If patient is an oral abuser then the liquid brands are preferred
- Write for 1-2 patches at a time

Case

Question

References