Israel's first low-dose buprenorphine inductions for fentanyl, oxycodone and tramadol use disorders

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Background & Introduction

Low dose buprenorphine inductions are a relatively new way of initiating buprenorphine treatment. The advantages of using a slow titration rate with a low dose are to avoid the need for a period of abstinence from other opioids and a decreased risk of precipitated withdrawals. Only a few countries in the world have published reports of low dose buprenorphine induction, and mostly in hospitalized patients. To the best of our knowledge, this four case series is the first of its kind done in Israel and was successfully carried out in an outpatient public treatment center.

Case Descriptions:

Between May – October 2022, four patients who met DSM-5 criteria for severe opioid use disorder presented to an outpatient public opioid treatment program (OTP) in Israel, all interested in medication assisted treatment using buprenorphine. These four patients were offered an overlapping low-dose buprenorphine induction because they were unwilling to stop their opioid for a sufficient amount of time to begin buprenorphine without being at high risk of precipitated withdrawals**.** At presentation to the OTP, the four patients were taking the following opioids daily: 60 tablets of oxycodone 20mg, 75mcg fentanyl patch every 3 days, 12 tablets of tramadol 100mg (down from 50 tablets of oxycodone 20mg), and 5 tablets of oxycodone/paracetamol 10mg.

The protocols were set up for each patient such that:

1. They stayed on their baseline dose of medication at buprenorphine initiation
2. They began 0.5mg sublingual buprenorphine once a day in the clinic after seeing the doctor and nurse
3. After treatment day one, the frequency of taking buprenorphine was increased to twice a day and the dose was increased from day 2 until full induction which occurred on days 5-9, at which point daily dosing was resumed
4. All of the patients saw a doctor and/or nurse five days per week for the first two weeks while transitioning onto low dose buprenorphine and then the frequency of clinic visits was progressively decreased
5. All of the patients had support from at least one family member who was aware that they were beginning long-term medication assisted treatment
6. All of the patients were offered supportive medications in case they experienced withdrawals symptoms
7. All four patients were successfully tapered off and have stayed off of the opioid causing their opioid use disorder
8. All four patients began weekly therapy sessions with a clinical social worker to address their biopsychosocial/spiritual needs and plan for recovery
9. All four patients have stayed in maintenance treatment since stabilizing on buprenorphine

Conclusion & Discussion:

These are the first cases showing low dose induction of sublingual buprenorphine is feasible in an ambulatory OTP in Israel. In other countries, most low dose buprenorphine inductions were in hospitalized patients. Furthermore, this is the first case of a person suffering from tramadol use disorder to undergo low dose buprenorphine induction. If precipitated withdrawals occur when initiating buprenorphine, patients often drop out of treatment. In all four of our cases, our patients successfully stopped taking the opioid causing the OUD, began buprenorphine and since then have stayed in treatment.

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