

Clinical Challenges

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What kind of cases are
you seeing?

Comorbid Benzodiazepine Use

- Do not stop the MAT for OUD (FDA 2017)
- Individualized taper has best evidence
 - Ashton Method (<https://benzo.org.uk/manual/>)
 - Canadian Deprescribing Guidelines (<https://www.deprescribingnetwork.ca/>)
 - Evidence for Antiepileptic (gabapentin, valproic acid, Tegretol)
 - Phenobarbital – effective but watch other CNS depressants

Comorbid Alcohol Use

- Assess Alcohol Use
 - SBIRT / AUDIT
- MAT for Alcohol Use
 - Can't use naltrexone unless naltrexone is for OUD as well
 - Severe Renal impairment
 - Disulfiram
 - Severe Liver impairment
 - Acamprosate, Topiramate, Gabapentin, Baclofen

Comorbid Stimulant Use

- MAT options limited
- MAT effect sizes small
 - Mirtazapine (30mg nightly)
 - Disulfiram
 - Topiramate
- Counseling strategies
 - MATRIX / Contingency Management

Principles on Safe Medication Management

1 Informed Consent

2 Identify treatment goals and measurable outcomes

3 Consider other medications

4 Prescribe lowest effective dose

5 Reduce Diversion risk – CURES, UDS, pill counts

6 Periodic review