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
   Identify treatment goals and measurable outcomes

2. Consider other medications

3. Prescribe lowest effective dose

4. Reduce Diversion risk – CURES, UDS, pill counts

5. Periodic review