

What is Buprenorphine?

Buprenorphine is a medication approved by the U.S. Food and Drug Administration to treat *Opioid Use Disorder (OUD)* and *chronic pain management*.

Buprenorphine is designed to reduce withdrawal symptoms and cravings while lessening risk of death and other serious risks associated with opioid overdose. Buprenorphine interacts with the brain by binding to opioid receptors and mimicking the opioids to which the person is addicted.

The use of buprenorphine or similar medications for treatment of OUD should be a part of a comprehensive plan that includes counseling and other services to treat the whole individual.



Preventing Buprenorphine Misuse

There is potential for buprenorphine misuse. It can be crushed, injected or snorted.

Naloxone, which is an opioid antagonist that blocks the effects of other opioids is often combined with buprenorphine. This combination is called Suboxone and is effective in reducing the likelihood of misuse. Naloxone, when injected, blocks the effects of buprenorphine and thus prevents any euphoria the person is seeking by self-injecting buprenorphine. Naloxone does not have this effect if taken orally or sublingually as it is minimally absorbed. Suboxone comes in a tablet or dissolvable sublingual film.

Suboxone film should be placed under the tongue to dissolve and should not be chewed or swallowed.

Treating Opioid Use Disorders with Buprenorphine in Nursing Facilities

The administration of buprenorphine should be medically supervised by a physician or an advanced practice clinician, carefully monitoring for side effects and optimal dosing. Generally, it is recommended that prior to starting buprenorphine, the resident being treated should not use opioids for at least 12-24 hours.

With buprenorphine, as the resident abstains from illicit opioids and cravings begin to lessen with minimal side effects, dosages may eventually be tapered from daily to every other day, as tolerated. The recommended time in which buprenorphine is prescribed can vary from resident to resident. Buprenorphine can be prescribed for days, months, or years to avoid relapse to illicit opioids.

Management of Acute Pain in Residents on Buprenorphine

When residents on buprenorphine experience acute pain, for example pain associated with a recent fracture, the prescription of buprenorphine used for OUD is not adequate for pain control. Further, since buprenorphine blocks the opioid receptors, generally any additional opioid medication given while the person is on buprenorphine is also ineffective. The clinician may either temporarily suspend buprenorphine use and provide other opioid medications or divide the buprenorphine dose to give at more frequent intervals to alleviate acute pain. Once the acute pain subsides, the treatment for OUD with buprenorphine should restart as described above.



Adverse Drug Effects

Some medications can interact with the effects of buprenorphine on brain cells and neurotransmitters, causing adverse effects such as shallow breathing, extreme dizziness and even death. All efforts should be made to avoid these combinations of medications.

These medications include benzodiazepines such as:

- Klonopin (Clonazepam)
- Xanax (Alprazolam)
- Valium (Diazepam)
- Restoril (Temazepam)
- Ativan (Lorazepam)

Other medications can interfere with the metabolism of buprenorphine, leading to increase or decrease in buprenorphine levels.

This can occur with medications such as:

- Some antidepressants like Nardil (Phenelzine) and Prozac (Fluoxetine)
- Antibiotics like Biaxin XL (Clarithromycin) and Ery-Tab (Erythromycin)
- Antifungals such as Diflucan (Fluconazole) and Sporanox (Itraconazole)

Additional Risks Associated with Using Buprenorphine

Combining buprenorphine with alcohol can increase the risk of overdose and death.

Abrupt discontinuation of buprenorphine can increase risk of overdose and death upon return to illicit opioid use.

Benefits of Buprenorphine in Nursing Facilities

Because of their increased availability, buprenorphine products can be a valuable part of treatment for OUD in nursing facilities. When combined with counseling, residents can learn about the motivations and behaviors that led to misuse and how to sustain recovery.

References:

Buprenorphine:

<https://www.samhsa.gov/medications-substance-use-disorders/medications-counseling-related-conditions/buprenorphine>

Buprenorphine Quick Start Guide:

<https://www.samhsa.gov/sites/default/files/quick-start-guide.pdf>

This resource is for information purposes. It is not intended as a treatment recommendation from the Center of Excellence for Behavioral Health in Nursing Facilities (COE-NF).



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