



A Tool for Buprenorphine Care

(A series of monthly newsletters about buprenorphine treatment)

Volume 4 Issue 5—November 2010

New Webinar Series

The American Psychiatric Association and Physicians' Clinical Support System – Buprenorphine have partnered to offer monthly webinars. They are held the second Tuesday of every month at noon (Eastern time).

Treating Opioid Dependence in Pregnant Women is the topic of the December 14 webinar, and it will be presented by Hendree Jones, PhD, Research Director, Center for Addiction and Pregnancy, Johns Hopkins Bayview Medical Center.

Video recordings and powerpoints from past webinars can be found [here](#).

Research Update

Mouse-over for abstract

Risk of death during and after opiate substitution treatment in primary care: prospective observational study in UK General Practice Research Database. Cornish R, Macleod J, Strang J, Vickerman P, Hickman M. *BMJ*. 2010 Oct 26;341:c5475. PMID: 20978062

[Free full-text](#)

Drug interactions associated with methadone, buprenorphine, cocaine, and HIV medications: Implications for pregnant women. McCance-Katz EF. *Life Sci*. 2010 Oct 19. [Epub ahead of print] PMID: 20965297

A Clinical Trial Comparing Tapering Doses of Buprenorphine with Steady Doses for Chronic Pain and Co-existent Opioid Addiction. Blondell RD, Ashrafioun L, Dambra CM, Foschio EM, Zielinski AL, Salcedo DM. *J Addict Med*. 2010 Sep;4(3):140-146. PMID: 20959867

Buprenorphine-based regimens and methadone for the medical management of opioid dependence: selecting the appropriate drug for treatment. Maremmani I, Gerra G. *Am J Addict*. 2010 Nov;19(6):557-68. PMID: 20958853

"Should I stay or should I go?" Coming off methadone and buprenorphine treatment. Winstock AR, Lintzeris N, Lea T. *Int J Drug Policy*. 2010 Oct 16. [Epub ahead of print] PMID: 20956077

Training Brush-Up: Review of systems pertinent to patients with SUD

The Review of Systems should include areas that are particularly pertinent to patients with substance use disorders. The decision to treat or refer—based on the presence of comorbid medical problems—may rest on the availability and range of medical services that exist within the office-based site, as well as the comfort level of the physician in managing patients with substance use disorders and other medical problems.

Skin	Track marks, cellulitis
Infectious diseases	TB, +PPD, HIV, hepatitis (A, B, C, D, etc.), syphilis, PID, STDs
Ob-Gyn	Amenorrhea, pregnancy, ob complications, spontaneous abortion
Cardiovascular	Arrhythmia, cardiomyopathy, heart murmur, endocarditis, pericarditis, thrombophlebitis, mycotic aneurysm
Gastrointestinal	Hepatitis, cirrhosis
Hematologic	Anemia, thrombocytopenia
Pulmonary	Pulmonary edema, COPD, chronic cough, pneumonia
Immune function	Lymphadenopathy, lymphocytosis
Nutrition	Vitamin or mineral deficiency, malnutrition
Musculoskeletal	Osteomyelitis, septic arthritis, aseptic necrosis
Neurologic	Brain, epidural or subdural abscess, fungal meningitis, stroke, neuropathy
Trauma	Motor vehicle accident, pedestrian accident

Adapted from AAPA DATA2000 training CD-ROM.