



An Update on MMT for *Healthcare Providers*

Methadone Maintenance Treatment (MMT) has more than a 35-year history of success in helping millions of persons in recovery from opioid dependence (addiction). Yet, the persistence of stigma, prejudice, and misunderstandings surrounding addiction in general, and methadone in particular, sometimes detracts from the delivery of quality healthcare to these patients.

This brochure discusses several concerns of importance to healthcare providers in treating methadone-maintained patients.

Methadone Effective & Safe

Methadone is a synthetic opioid agonist with pharmacological properties similar to morphine. In 1964, it was discovered that continuous, daily doses of oral methadone provide beneficial effects allowing otherwise debilitated opioid-addicted persons to achieve stability in their lives.

When used in the context of an MMT program, also offering psychosocial counseling and rehabilitative services, methadone has been demonstrated in dozens of clinical trials as both effective and safe. ***Methadone itself is not a contraindication for any medical or dental procedures or treatments.***

Normalized Functionality

Although methadone, like other opioids, can pharmacologically manifest physical dependence, its use in MMT is not merely substituting one addiction for another.

Research has consistently demonstrated that methadone-maintenance normalizes function of the various body systems deranged by opioid abuse, including: immune, endocrine, stress, and neurochemical responses.

The patient's dependence on methadone is comparable to a diabetic patient's reliance on insulin for normalizing functionality. For many, methadone must be taken for a lifetime to ensure continued recovery.

Methadone is a specific treatment for opioid dependence and exerts little effect, if any, on other classes of addictive substances. However, a goal of successful MMT is to achieve abstinence from all illicit drugs and alcohol, and avoidance of the inappropriate use of prescribed drugs.

Adequate Methadone Dose

At adequate serum levels, methadone does not make the person feel either "high" or somnolent, and

opioid craving is eliminated. Methadone also provides cross-tolerance, making ordinary doses of other opioids non-reinforcing, so drug seeking to “feed a habit” is eliminated.

Some healthcare practitioners might be tempted to lower the methadone dose or have the patient withdraw from methadone. Since methadone does not interfere with other treatments, this is unnecessary, and it is inadvisable without first consulting MMT program staff.

An upset in the patient’s steady-state serum methadone level may lead to drug craving and withdrawal symptoms. This creates a risk of relapse to illicit drugs.

Pain Management

MMT patients often receive inadequate analgesia due to mistaken perceptions that methadone itself provides pain relief and more narcotics may induce overdose or drug relapse. However, there is no evidence suggesting this is the case.

Although a patient receiving adequate methadone would be blocked against euphoric effects of opioid-class analgesics, sufficient doses of such agents are still required for analgesia. MMT patients often have a greater sensitivity to pain (hyperalgesia) regardless of methadone dose, and may require more aggressive interventions, such as larger doses of short-acting opioid analgesics at more frequent intervals for severe pain. Due to the cross-tolerance effects of methadone, risk of opioid overdose is minimized.

Certain analgesics are contraindicated. MMT patients may experience extreme opioid withdrawal symptoms if administered mixed opioid agonist/antagonist or partial agonist analgesics, such as: buprenorphine (Buprenex®), butorphanol (Stadol®), nalbuphine (Nubain®), pentazocine (Talwin®), and tramadol (Ultram®). Additionally, opioid agonists such as meperidine and propoxyphene would be ineffective unless given in such high doses that the risk of toxic effects from the metabolites becomes unacceptable.

Avoiding Drug Interactions

Methadone metabolism is largely a function of CYP-450 enzyme activity in the liver. Some caution is advisable in prescribing other medications, since comedication that stimulate those enzymes may precipitate opioid withdrawal syndrome by accelerating

methadone metabolism. Conversely, inhibitors of CYP-450 enzymes might slow metabolism and extend the duration of methadone’s effects.

Due to competition for the same metabolic enzymes, methadone could affect the action of co-prescribed medications. Also, there is normally a high degree of individual variation in the expression and action of CYP-450 enzymes, so reactions may differ across patients.

Further Suggestions

Here are some additional suggestions for medication management in MMT patients:

- **Metabolic requirements of co-prescribed medications can be checked in manufacturers’ literature or standard references.**
- **Patients should be advised if a prescribed medication might alter methadone’s effects.**
- **Scheduled dosing of medications is better than PRN, and most drugs should be supervised in terms of quantities and duration of prescription.**
- **Since patients are routinely screened for addictive substances, notifying the MMT program if you have prescribed such an agent will be helpful.**
- **Some states require that you notify the MMT program of the need for any prescribed medication and that you are aware the patient is taking methadone.**

If you have any questions, contact the medical staff at your patient’s MMT program – they are eager to work with you in providing better care for their patients.

For further information on addiction and recovery issues, visit the *Addiction Treatment Forum* website at www.atforum.com.

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