* *2015 ASAM Guidelines for the Use of Medications in Opioid Addictions: What Providers Need to Know about Implementing It into Practice*

Jessica L. Estes, DNP, APRN-NP
APNA 2016 Annual Conference

*Disclosures

*This provider has no conflicts of interest to disclose.

*Objectives

*To review the ASAM guidelines on the treatment of opioid addiction
*To develop an understanding of where medication assisted treatment can help
*To implement the guidelines into practice in primary care and psychiatric settings

*What are the 2015 ASAM Guidelines

- *A clinical tool used to help prescribers determine the appropriate medication treatment protocols for opioid addictions
- *It's the FIRST prescriber reference to include all medications used in the treatment of opioid addictions.

*Why are they important?

- *2014 recorded the highest number of overdose deaths on record
- *6/10 of those deaths had opiates involved
- *78 Americans die daily from opiates
- *Since the late 1990s the number of opiate prescriptions had quadrupled

*Nursing Process Implications

- *Assessment of Addiction and Potential for abuse
- *Diagnosis of a substance use disorder meeting the DSM V criteria
- *Plan for Intervention with the patient and family
- *Interventions psychosocially and medication assisted treatment
- *Evaluate the effectiveness of treatment at regular intervals

*Assessment Should Include

- *Clinical Screening Tool
- *Physical Assessment to rule out acute issue
- *UDT
  - *Point of Care vs. Confirmation
    - *6, 10, or 13, panel vs. custom panels
- *Psychosocial assessment
- *http://asamcontinuum.org/

*Clinical Assessment Tools

- *WHO-DAS
  - *Good global assessment of well-being
  - *International standard
- *AUDIT
  - *Focuses on Alcohol – but needed for concurrent addictions
- *DAST
  - *Focuses primarily on drug abuse
- *CAGE
  - *Common primary screening tool that can signal a need to look at other scales

*Diagnosis Chances with the DSM V

- *No longer substance abuse or addiction
- *Correct terms are
  - *Opioid Use Disorder
  - *Opioid Intoxication
  - *Opioid Withdrawal

*Opioid Use Disorder DSM V Criteria

*At Least 2 of the following:
- *They are used in larger amounts and a longer period than intended
- *There's a desire or persistent effort to cut down
- *Cravings for the substance
- *Recurrent use = role fulfillment failures
- *Continued use despite deterrents
- *Use that results in hazardous situations
- *Use despite knowledge of reliance or dependence
- *Withdrawal

*Specify if:

- *They are in remission
  - *Early or Sustained
- *Maintenance or controlled environment
- *Severity
  - *Mild 2-3 symptoms
  - *Moderate 4-5 symptoms
  - *Severe 6+

*Intoxication or Withdrawal as a DX

- *Intoxication
  - *Recent use
  - *Clinically significant symptoms
- *Withdrawal
  - *Presence of (decrease or complete end of long-term use) or
  - *Medication assisted antagonist
  - *Three or more: changed mood, NVD, nasal complaints, yawning, fever, insomnia

*Plan

* Determine treatment options:
  * Inpatient
  * Partial Hospitalization
  * Intensive Outpatient
  * Outpatient
  * Medication assisted therapies

*Intervention: Treating Withdrawal

* Clonidine
* Buprenorphine
* Buprenorphine and Naltrexone

*Intervention: Medication Assisted Treatment

* Naltrexone
  * Oral Versus Injectable
* Buprenorphine
* Methadone

*Intervention: Psychosocial Supports

- *Narcotics Anonymous
- *Individual Therapy
  - *CBT, Trauma focused care
- *Group Therapy
- *Legal Assistance

*Intervention: Confounding Factors

- *Pregnancy
- *Age
- *Mental Health Co-morbidities
- *Availability of Treatment options
  - *Detox, then partial, then intensive outpatient, then outpatient, plus long-term medications or short term
  - *Medicaid vs Private Insurances

*Evaluation

- *RANDOM
  - *UDT or saliva
    - *Making sure panel includes natural and synthetic opiates
  - *Medication Counts
- *Collateral from family
- *Interdisciplinary Collaboration with mental health, pain management, etc.

*2016 CARA FYI

- Section 303 of the Comprehensive Addiction and Recovery Act (CARA), signed into law by President Obama on July 22, 2016, made several changes to the law regarding office-based opioid addiction treatment with buprenorphine.
- One of these changes is that prescribing privileges have been expanded to nurse practitioners (NPs) and physician assistants (PAs) for five years (until October 1, 2021At the moment, there is no set date when NPs and PAs will be able to apply to receive a waiver to prescribe buprenorphine. A separate application form will need to be approved by the federal government for NPs and PAs to apply for a waiver to prescribe buprenorphine.
- Any NP or PA who begins to prescribe buprenorphine before applying for and receiving a waiver will be in violation of federal law.
- For NPs and PAs to be eligible to apply for a buprenorphine waiver, they must complete 24 hours of training that covers the following topics: opioid maintenance and detoxification; clinical use of all FDA-approved drugs for medication-assisted treatment; patient assessment; treatment planning; psychosocial services; staff roles; and diversion control.

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