

Yikes! Methadone To Buprenorphine Transition During Pregnancy, In Jail, Via Telephone

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Introduction

Buprenorphine and methadone are both highly effective, FDA approved medications to treat opioid use disorder (OUD) in pregnancy. Transitioning from methadone to buprenorphine can take weeks or longer, especially for patients on high-dose methadone (100mg) daily, and many experience opioid withdrawal symptoms during transition.¹ Opioid withdrawal symptoms during pregnancy may increase the risk of miscarriage and thus are generally avoided. This case describes a transition protocol used in a pregnant patient, in jail, via telephone resulting in minimal withdrawal symptoms.

Goals

- Bring awareness to rapid methadone to buprenorphine conversions
- Improve transitions of MOUD for pregnant persons with opioid use disorder
- Highlight expanded access of MOUD to the carceral system through telemedicine
- Advocate for continuing MOUD medications in incarcerated populations to reduce risks of adverse outcomes

Case Presentation

A 25-year-old female with OUD, who was 24 weeks pregnant and had been incarcerated for 3 months in a county jail at the time of presentation. She was taking methadone 130mg daily and, prior to incarceration, had been enrolled in an opioid treatment program (OTP) near her hometown. The OTP was not willing to continue sending methadone to the jail without seeing her periodically, and the jail staff were not willing to transport her 2 hours away to the OTP. No local OTPs were willing to enroll her. Transition from methadone to buprenorphine was requested by the jail staff so she could continue medication treatment for OUD.

Due to the COVID-19 pandemic and jail procedures, our assessment, treatment plan, and monitoring was provided via audio-only telehealth care. At the time of referral, the jail had 22 bottles of liquid methadone, 130mg each. The nurse in the jail was not willing to administer a partial dose of methadone, only the full bottle.

We developed a low-dose titration protocol for buprenorphine to overlap with methadone. At the end of 22 days, the methadone was stopped and a stable dose of buprenorphine 32mg daily was continued. The patient tolerated the transition with occasional mild nausea that was relieved with promethazine, but no other withdrawal symptoms. She noted fetal movement throughout the transition, with no vaginal bleeding, cramping, or loss of fluid.

She remained on buprenorphine 32mg SL daily through her pregnancy, and at 39 6/7 weeks she delivered a healthy 4020g male infant with APGAR's of 6 and 9 by normal spontaneous vaginal delivery. Following delivery, she was transferred to a prison out of state to serve a 12-month sentence and was continued on buprenorphine. She has since been released from prison, has resumed care in our clinic, and is taking buprenorphine/naloxone 24/6mg daily with good effect.

Case Protocol

Days	Buprenorphine Dose (mg)	Methadone Dose (mg)
0-1	0.5 daily	130
2-3	0.5 BID	130
4-5	1 BID	130
6-7	2 BID	130
8-9	2 TID	130
10-11	4 BID	130
12-13	4, 2, 4	130
14-15	4 TID	130
16-17	8 BID	130
18-19	8, 4, 8	130
20-22	8 TID	130
23-24	16 BID	0

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Discussion/Conclusion

- This case demonstrates a novel approach for transitioning from high dose methadone to buprenorphine via a low dose initiation, in a special population.
- This strategy was developed in response to the unique challenges posed by pregnancy, incarceration, methadone regulations, and the rural setting.
- We were able to successfully transition our pregnant patient from high dose methadone to buprenorphine in less than 30 days with minimal side effects.
- This case illustrates that low-dose titration of buprenorphine during pregnancy, even in a restrictive environment like a jail, can be effectively managed through audio-only telehealth.
- Limitations such as constraints of audio-only telehealth and the inflexibility of methadone dosing in the jail setting highlight the need for potential policy adjustments to optimize patient outcomes.

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