



ECHO IDAHO: **Opioids, Pain & Substance Use Disorders**

Fentanyl

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None of the planners or presenters for this educational activity have relevant financial relationship(s) to disclose with ineligible companies whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

The Fentanyl Lecture

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Financial Disclosures

None



Learning Objectives

- Describe fentanyl and why it can be difficult to treat
- Understand general trends of opioid deaths
- Describe basic treatments for OUD
- Describe different methods for buprenorphine induction



What is Fentanyl?

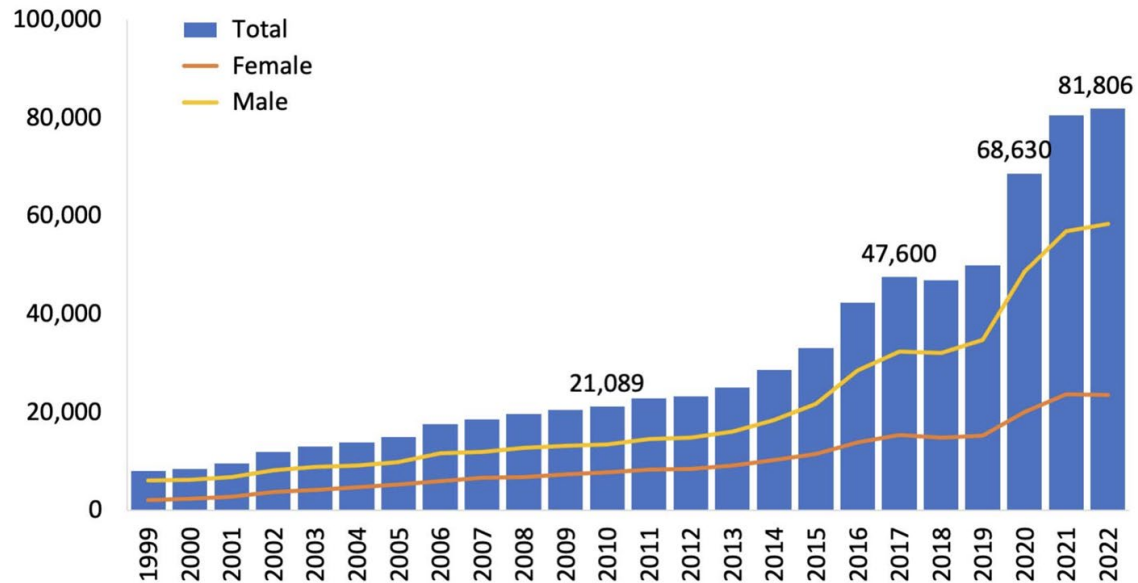
- Synthetic opioid
- 100 times more potent than morphine
- Very lipophilic





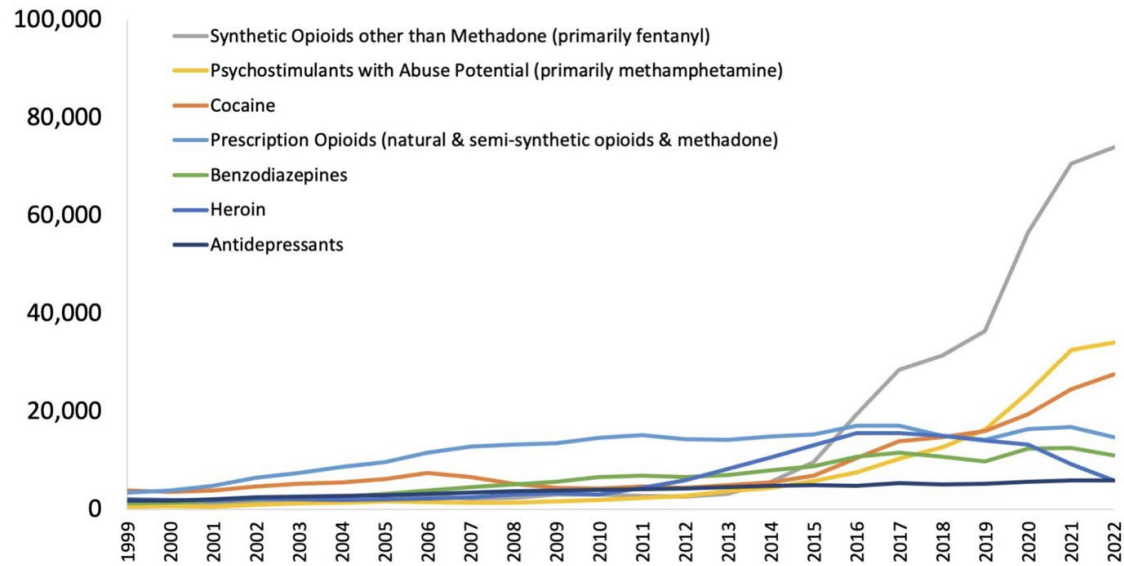
Why do we care?

Figure 3. U.S. Overdose Deaths Involving Any Opioid* by Sex, 1999-2022



Why do we care?

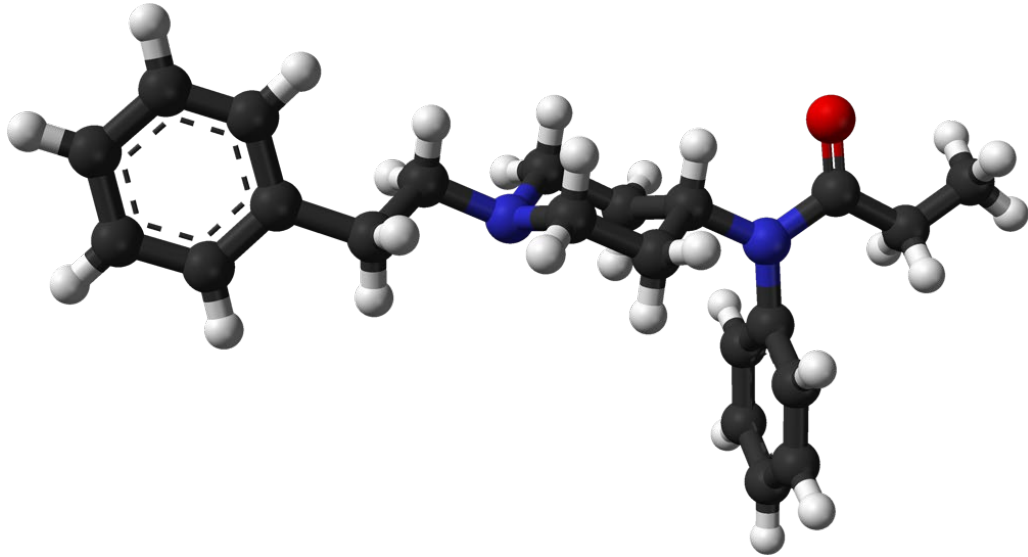
**Figure 2. U.S. Overdose Deaths*,
Select Drugs or Drug Categories, 1999-2022**



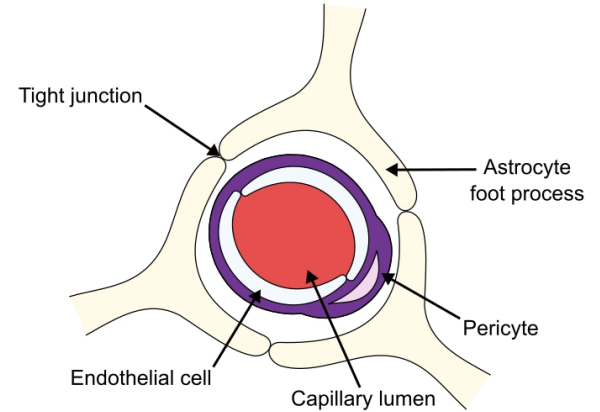


Let's Talk Fentanyl Some More

Fentanyl is Highly Lipophilic



Blood-Brain Barrier



Treatment?





What About Precipitated Withdrawal???

- Originally became a concern at the rise of fentanyl and a couple of studies around 2009.
- It seems that these fears are mostly overblown.
- There is still a real possibility of precipitate withdrawal, but if induction is performed correctly the risk appears to be very minimal.
- ED study D'Onofrio et al.



Buprenorphine strategies

Two fundamental ideas for induction in those with recent fentanyl use.

- High dose: various articles describe giving the patient between 16-24mg in a single dose if they are in withdrawal.
 - Appears to be safe, these studies typically take place in the ED.
- Low dose: this method involves slowly titrating the patient up from an extremely low dose of buprenorphine.
 - Often starting at 0.5mg and building a patient up to a working dose of 8-16mg daily over the course of a week.



What About Methadone?

- Still has an important role to play in the fentanyl era
 - Does not have the same risk of precipitated withdrawal
- More difficult for patients due to daily dosing and requirement to go to a methadone clinic
- Current federal guidelines cap the starting dose of methadone at a level that is often not high enough to relieve symptoms of withdrawal from fentanyl



Sources

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