

# How to Effectively Manage Opioid Use Disorder (OUD) on an Inpatient CL Psychiatry Service

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## Clinical Case

Fifty-year-old patient with chronic back pain, chronic hypokalemia, & opioid use disorder stable, in remission, on methadone treatment for thirteen years had three episodes of pulseless ventricular tachycardia.

The patient developed Torsades de Pointes and required multiple defibrillations to regain spontaneous rhythm. Cardiac electrophysiology became concerned the methadone use was a major contributing factor to the pulseless ventricular tachycardia.

CL Psychiatry was consulted to assist with transitioning the patient from methadone to buprenorphine-naloxone. However, this transition was further complicated by urgent spinal surgery requiring appropriate post operative pain control, to include short term use of full opioid agonists.

To balance pain control and limit withdrawal possibility, the patient had a microdosed induction of buprenorphine-naloxone to best facilitate transition and monitor response.

## Background/Significance

In 2022 84% of unintentional overdoses in Ohio were related to opioids. There are several medications for opioid use disorder that prevent relapse, prevent overdose, decrease mortality, and increase harm reduction. The Consultation Liaison (CL) Psychiatry service can be the first psychiatric team to assess, manage, and create treatment plans for patients with OUD. In addition, the CL team will be consulted to manage patients with OUD who have complex medical situations requiring adjustments to their opioid agonist therapy (OAT).

## Methods

An extensive literature review to determine theoretical and clinically seen side effects and risk factors related to medication assisted treatment, how to appropriately manage medication assisted treatment in the hospital setting, and possible cross titrations from methadone to buprenorphine in the hospital setting.

## Key Take Aways

The CL psychiatry service is valuable resource in effectively managing opioid use disorder in the acute hospital setting. These situations are typically complex because it requires an appreciation of pharmacokinetics/pharmacodynamics, the safety profile, and inpatient medical course to create a collaborative plan with all parties involved. Pragmatic approach to manage the perioperative course for individuals with an OUD. Pragmatic approach on transitioning from Methadone to Buprenorphine.

## References

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## Management Considerations for OUD

