


Traditional Buprenorphine/naloxone Induction: Medications to Minimize Withdrawal Symptoms

Adjunct medications can be used to provide short-term relief for opioid withdrawal symptoms during a traditional buprenorphine/naloxone induction. To help reduce discomfort associated with withdrawal symptoms, consider providing one or more of the medications discussed in the table below prior to the first dose or during the first few doses of buprenorphine/naloxone in anticipation of withdrawal symptoms. Consult the 24/7 Addiction Medicine Consult Line if needed.

Addiction Medicine Specialist Consultation




24/7 Addiction Medicine Clinician Support Line
Phone: 778-945-7619 (available 24 hours a day, 7 days per week)


Considerations	Dimenhydrinate	Loperamide	Acetaminophen	Ibuprofen	Clonidine
 <p>Therapeutic use^a</p>	Prevent or relieve nausea or vomiting	Relieve diarrhea	Relieve muscle aches, joint pain, or headache	Relieve muscle aches, joint pain, or headache	Reduce opioid withdrawal symptoms such as sweating, diarrhea, vomiting, abdominal cramps, anxiety, and irritability Note: RNs and RPNs can only prescribe clonidine in the context of opioid withdrawal



Footnotes

a. Therapeutic use during a traditional buprenorphine/naloxone induction.

Date of release: July 2021

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 <p data-bbox="123 1144 515 1189">Contraindications</p>	<ul style="list-style-type: none"> • Hypersensitivity to dimenhydrinate, its components, or any component of the formulation • Concurrent use of or use within 14 days following therapy with tranylcypromine, phenelzine, or moclobemide • Narrow angle glaucoma • Chronic pulmonary disease • Prostatic hypertrophy 	<ul style="list-style-type: none"> • Hypersensitivity to loperamide or any component of the formulation • Acute dysentery • Acute ulcerative colitis • Bacterial enterocolitis • Diarrhea not associated with opioid withdrawal • Bloody or black stool 	<ul style="list-style-type: none"> • History of allergy or skin reaction with acetaminophen 	<ul style="list-style-type: none"> • Allergic reaction or hypersensitivity to non-steroidal anti-inflammatory drugs or any component of the formulation, or acetylsalicylic acid • Prescribed: <ul style="list-style-type: none"> ◦ Celecoxib ◦ Diclofenac ◦ Indomethacin ◦ Ketorolac ◦ Mefenamic acid ◦ Meloxicam ◦ Nabumetone ◦ Piroxicam ◦ Sulindac 	<ul style="list-style-type: none"> • Heart rate less than 60 beats per minute • Blood pressure less than 90/60 mmHg • Allergy or hypersensitivity to clonidine or any components of the drug product

Considerations	Dimenhydrinate	Loperamide	Acetaminophen	Ibuprofen	Clonidine
 <p>Precautions and cautions</p>	<ul style="list-style-type: none"> • Central nervous system (CNS) depression • May have hallucinogenic and euphoric effects • Use with caution with CNS depressants • Hepatic impairment • Elderly may be more sensitive to effects 	<ul style="list-style-type: none"> • Do not use when peristalsis inhibition should be avoided due to potential for ileus, megacolon, or toxic megacolon • Discontinue promptly if constipation, abdominal pain, abdominal distension, blood in stool, or ileus develop • Seek medical care promptly if experiencing: <ul style="list-style-type: none"> ◦ Severe dizziness ◦ Angina ◦ Tachycardia ◦ Abdominal heartbeat ◦ Severe pain and nausea ◦ Abdominal pain or edema ◦ Constipation ◦ Bloating ◦ Black or bloody stools ◦ Urinary retention 	<ul style="list-style-type: none"> • A high number of overdoses occur with acetaminophen • If patient is using more than 81mg acetylsalicylic acid daily, avoid use of additional non-steroidal anti-inflammatory drugs • Advise use of caution with alcohol or over the counter products that may contain acetaminophen • Use with caution in patients with hepatic impairment or active liver disease • Warfarin 	<ul style="list-style-type: none"> • Should be avoided during pregnancy due to potential risk of miscarriage and birth defects • Can cause increased risk of serious cardiovascular thrombotic events <ul style="list-style-type: none"> ◦ This risk may occur early in treatment and may increase with duration of use • Medications known to increase the risk of gastrointestinal bleeding 	<ul style="list-style-type: none"> • Orthostatic hypotension • Use with caution in patients with chronic renal impairment • Pregnancy • Tricyclic antidepressants <ul style="list-style-type: none"> ◦ These desensitize alpha-2 adreno-receptors; should be stopped 3 weeks prior to use of clonidine



Considerations	Dimenhydrinate	Loperamide	Acetaminophen	Ibuprofen	Clonidine
 <p>Administration dose</p>	<ul style="list-style-type: none"> 50–100mg by mouth Can be decreased to 25mg by mouth for older adults, adults under 45kg, or based on clinical judgment <p>Dose interval: Every 6 hours</p>	<ul style="list-style-type: none"> 2–4mg by mouth (maximum 16mg/day) <p>Dose interval: As needed, following loose stools</p>	<ul style="list-style-type: none"> 325–1000mg by mouth (maximum 4,000mg/day; 2,000mg/day for the elderly or those with liver impairment) <p>Dose interval: Every 4 to 6 hours</p>	<ul style="list-style-type: none"> 400mg by mouth (maximum 2,400mg/day) <p>Dose interval: Every 4 hours</p>	<ul style="list-style-type: none"> If patient weighs less than 90kg, 0.1mg by mouth If patient weighs 90kg or more, 0.2mg by mouth <p>Dose interval: 4 to 6 hours</p>
 <p>Dispensing dose^b</p>	<ul style="list-style-type: none"> Can dispense up to 4–8 dimenhydrinate 50mg tablets 	<ul style="list-style-type: none"> Can dispense up to 8 loperamide 2mg tablets at a time 	<ul style="list-style-type: none"> Can dispense up to 4,000mg acetaminophen at a time 	<ul style="list-style-type: none"> Can dispense up to 2,400mg ibuprofen at a time 	<ul style="list-style-type: none"> 0.4–0.8mg



When prescribing adjunct medications for use during a traditional buprenorphine/naloxone induction, prescribe enough for 24 hours.

Footnotes

b. Per approved organizational pathway/process for dispensing take home doses.

Considerations	Dimenhydrinate	Loperamide	Acetaminophen	Ibuprofen	Clonidine
 <p>Patient instructions</p>	<ul style="list-style-type: none"> • Can take 1–2 tablets by mouth every 6 hours, as needed • Stay hydrated 	<ul style="list-style-type: none"> • Take 2 tablets after first loose stool and one tablet after each subsequent loose stool (maximum 16mg/day) • Take with plenty of clear fluids to prevent dehydration 	<ul style="list-style-type: none"> • Take acetaminophen 325mg to 1,000mg by mouth every 4 to 6 hours • Overdose can occur with acetaminophen. Ensure patient is informed of the maximum dose 	<ul style="list-style-type: none"> • Take ibuprofen 400mg by mouth every 4 hours • Administer with food, milk, or antacids to decrease gastrointestinal adverse effects 	<ul style="list-style-type: none"> • Take a test dose <ul style="list-style-type: none"> ◦ 0.1mg or 0.2mg clonidine depending on patient weight • If the medication is helping, repeat every 4 to 6 hours • Stop medication if experiencing symptoms of dizziness or postural hypotension
 <p>Follow-up care</p>	<p>Consult as per organizational pathway if vomiting persists, unable to keep fluids down, or dehydrated</p>	<p>Advise patient to connect with care team for assessment by a nurse practitioner or physician and discontinue loperamide if diarrhea persists greater than 2 days, symptoms worsen, or abdominal swelling or bulging develops</p>	<p>Consult as per organizational pathway if:</p> <ul style="list-style-type: none"> • Ongoing pain management with medications is required • Pain is determined to be moderate to severe 	<p>Consult as per organizational pathway if:</p> <ul style="list-style-type: none"> • Ongoing pain management with medications is required • Pain is determined to be moderate to severe 	<hr/>