

Addiction Therapy Services

Methadone

A Guide for Patients

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Understanding Opioid Use Disorder (OUD)

OUD is defined as a problematic pattern of opioid use that leads to serious impairment or distress.¹

Opioids are substances like heroin, fentanyl, and pain relievers (including morphine, oxycodone, hydrocodone and others).² When a person first begins taking an opioid, it can trigger a surge of dopamine within the brain. The effect on the brain is powerful because it can cause the person to feel “high.” If a person uses an opioid regularly, the brain adjusts to these surges and the higher level of dopamine.³ Over time, a larger amount of the opioid is needed to get the same high as before.³ Eventually, the brain needs the opioid just to function normally.⁴



What is Methadone?

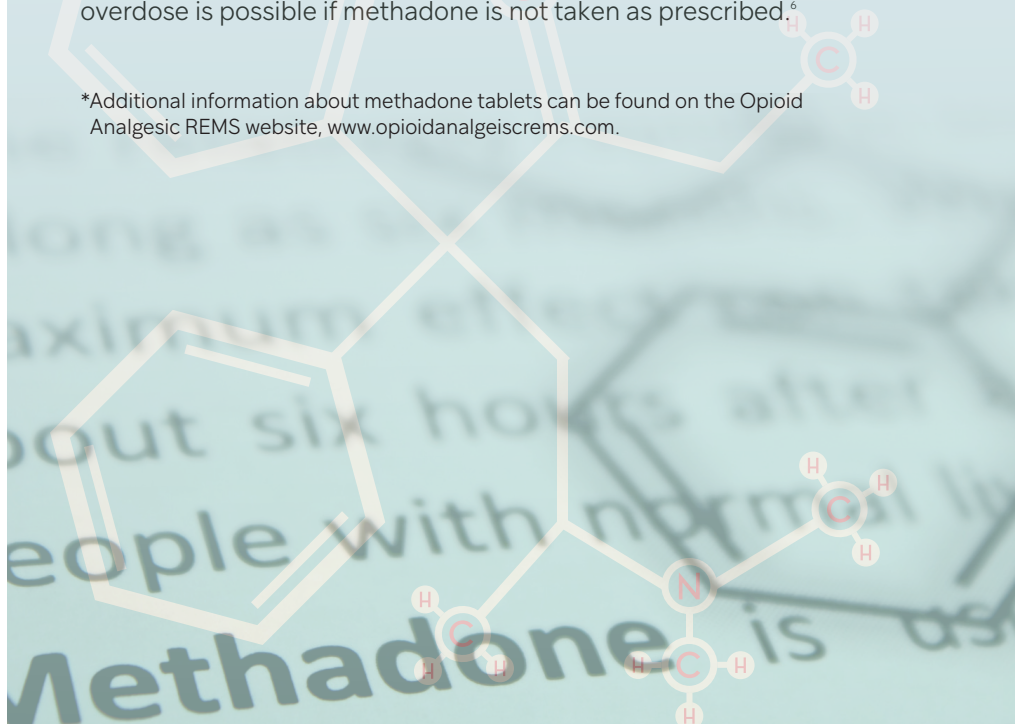
Methadone is a long-acting, synthetic opioid agonist used to treat OUD.^{5,6} It is one of three FDA-approved medications commonly used for this purpose (the other two are buprenorphine and naltrexone). Methadone is safe and effective when taken as prescribed and has been used for many years to help adults with OUD overcome addiction.^{5,6}

Methadone helps to reduce opioid cravings and withdrawal symptoms. It can also blunt or block the effects of opioids. Methadone is available in liquid, powder and tablet* forms.^{6,7}

Methadone helps individuals with OUD achieve and sustain recovery and eventually reclaim active and meaningful lives.⁶ It is one component of a comprehensive OUD management program, which includes counseling and other behavioral health therapies designed to address the needs of the whole patient.⁶

Methadone treatment is specifically tailored to meet the needs of the individual. Be sure to share your complete health history with your doctor before you begin taking methadone. Never share or give this medication to others. It is important to understand that unintentional overdose is possible if methadone is not taken as prescribed.⁶

*Additional information about methadone tablets can be found on the Opioid Analgesic REMS website, www.opioidanalgesicrems.com.





Starting Methadone

Before you are given the first dose of any medication for opioid addiction, your doctor will ask you questions about your addiction, health and other issues. You will also undergo a drug test—usually a check of your urine or saliva. Your doctor will also give you a physical exam and test you for diseases that are common to people who have been abusing drugs. Your liver will be checked to make sure the medication is safe for you. If, after all of these tests, methadone is deemed appropriate for you, your doctor may recommend it.⁸

You and your doctor or substance abuse treatment provider will decide on a treatment plan together. The plan will describe the medication routine, counseling and other services that will be provided and the rules that must be followed. These rules will be explained to you and you will get them in writing.⁸

Methadone should be taken under the close supervision of a doctor, especially at first. If methadone is appropriate, most patients start at a dose of 20 to 30 mg per day.⁹ The dose is gradually increased to 80 mg or more per day.⁹ Once you are stable (as evidenced by treatment progress and consistent compliance with your medication dosage), you may be allowed to take methadone at home instead of coming to the doctor's office or clinic for your daily dose.

Maintenance Therapy with Methadone

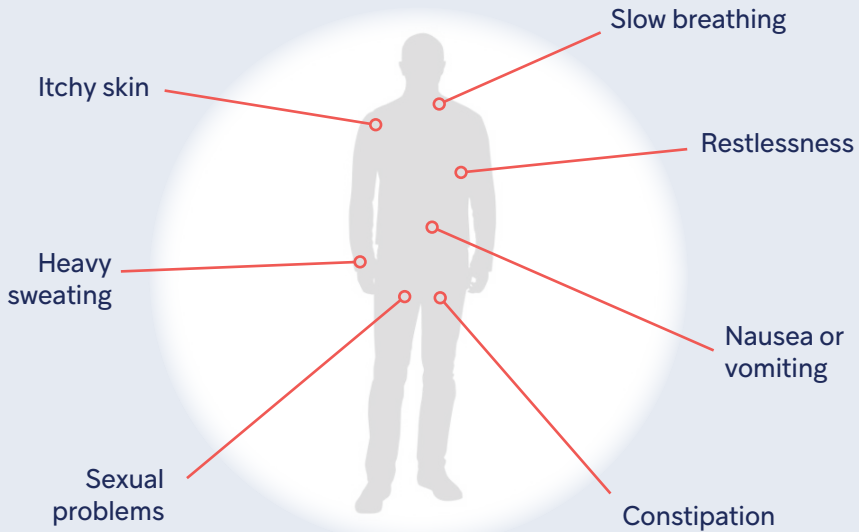
A person should continue taking methadone for as long as they find it helpful in meeting their OUD management goals.¹⁰ This length of time can vary from person to person, but studies show that people who stop taking methadone for OUD face a higher risk of relapse, overdose and death.¹⁰ Most people continue treatment with methadone for 5 to 10 years, and some take it for the rest of their lives.¹⁰ It is important to check in with your doctor regularly to discuss your methadone treatment. Together, you can talk about how you are doing on methadone and decide if it makes sense to stop treatment or change to a different medication.

Potential Side Effects of Methadone

Side effects are feelings of discomfort or sickness that you might experience when you take a medication.⁸ Methadone can sometimes cause common and serious side effects.⁶ Side effects should be taken seriously, as some of them may indicate an emergency.⁶



Common Side Effects of Methadone Include:



If you experience any of the common side effects above, contact your doctor as soon as possible.

Serious Side Effects of Methadone Include:

- Difficulty breathing or shallow breathing
- Feeling lightheaded or faint
- Hives or a rash; swelling of the face, lips, tongue or throat
- Chest pain
- Fast or pounding heartbeat
- Hallucinations or confusion

If you experience any of the serious side effects above, stop taking methadone and contact your doctor or emergency services right away.

Pregnancy, Delivery and Breastfeeding

Methadone may be prescribed to pregnant women who have an OUD.¹¹ Methadone and buprenorphine are considered the treatments of choice for OUD in pregnant and/or breastfeeding women.¹¹

Some pregnant women with OUD consider stopping opioid use completely, but seeking treatment is always the best course of action.¹¹ Withdrawal may make you more likely to start using drugs again and put you at risk for overdose.¹¹ If you are not currently in treatment, talk with your doctor about medicines for OUD, as well as behavioral counseling.

Pregnancy

Methadone and buprenorphine are the safest medicines to manage OUD during your pregnancy.¹¹ Both medicines stop and prevent withdrawal and reduce opioid cravings, allowing you to focus on your recovery and caring for your baby.¹¹

Many pregnant women with OUD worry about neonatal abstinence syndrome (NAS), withdrawal symptoms that may occur in babies exposed to opioids and other substances before birth. However, NAS does not happen in every baby, and it can be diagnosed and treated if and when it occurs.^{11,12} It is much safer for your baby if you prevent withdrawal during pregnancy with the use of medications such as methadone and buprenorphine.^{11,12}

Delivery

You may need medicine other than that prescribed for OUD to treat pain during or after delivery. Other options, such as an epidural and/or a short-acting opioid, can be used to help keep you comfortable.

Breastfeeding

Once your baby is born, ask your doctor if breastfeeding is a safe option for your baby. Methadone levels in breastmilk are typically very low and pose little risk to infants. Research has found that breastfeeding, cuddling, skin-to-skin contact and rooming in with baby can help prevent NAS.¹²

All hospitals must report to state child welfare agencies when a mother who is using substances gives birth.^{11,13} This report is used to make sure that a safe care plan is in place to manage the well-being of the mother and baby.^{11,13} It is not used to remove the baby from the mother's care.^{11,13}



Methadone Safety

Be sure to share your complete health history with your doctor to ensure that you can safely be treated with methadone. It is important to note that it is possible for other medications to interact with methadone and cause heart conditions.⁶ Even after the effects of methadone wear off, the medication's active ingredients remain in the body.^{6,14} Always take methadone exactly as prescribed, and consider these safety tips:

- Never use more methadone than the amount prescribed, and always take it at the time prescribed. If you miss a dose or the methadone does not feel like it's working, do not take an extra dose.
- Do not drink alcohol while taking methadone.
- Be careful driving or operating machinery while taking methadone.
- Call for emergency help if too much methadone is taken or if an overdose is suspected.
- If you have methadone in your home, keep it out of the reach of children and pets.
- Do not share your methadone with anyone—even if they have similar symptoms or suffer with the same condition.
- Dispose of unused methadone safely. Ask your doctor how.
- Store methadone at room temperature and away from light.

How Counseling Can Help

Medication is just one part of treatment for opioid addiction.⁸ For many people, another important part is counseling.⁸ Counseling sessions provide you the opportunity to talk with a professional either one-on-one or in a group with others who are in treatment. Counseling is important because it can:

- Help you understand the motivations and behaviors that led to your Opioid Use Disorder.
- Help you learn how to commit to a more healthful lifestyle.
- Offer support and help you develop skills as you work with others to manage your recovery long term.
- Provide you with encouragement and help motivate you to stick with treatment.
- Help you learn how to make healthy decisions, handle setbacks and stress and move forward with your life.

Addiction and Recovery

Addiction is a disease.⁸ It cannot be cured, but it can be treated with medication, counseling and support from your doctor, substance abuse treatment provider, family and friends. Many people with an opioid addiction regain normal, healthy lives.⁸ One way they do this is with medication-assisted treatment. The goal of medication-assisted treatment is to recover from addiction. It does NOT replace one addictive drug with another. It provides a safe, controlled level of medication to overcome the use of a problem opioid.⁸

Medication, counseling and support—together they can help you, your loved ones and your friends move on and return to a normal life.⁸ Recovery is possible, but it takes work.⁸ It is important to understand that everything is NOT automatically fine again once treatment is finished. Recovery takes commitment every day, through treatment and beyond.

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