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Methadone and addiction

These are my thoughts ~~from~~ about addiction and how to treat it after being in the field of addictions for 20 yrs.

One of the biggest fear that is imbedded in an addicts brain is withdrawal. It leaves such a strong memory in the hippocampus that out the other reasons for any other sympathetic stimulation become a distant memory.

The neuronal connections that ~~mediate~~ symptoms to a response have changed.

So now if I am tired and I yawn my brain does not tell me I should get in the bed, but it tell me I am in withdrawal.

Just like in Pavlov's dog theory where the dog began to salivate with ringing of the bell. A new neurological connection developed from the auditory center of the brain to the salivary gland.

After talking to 1000's of addicts I feel that without proper understanding of this altered brain functioning control on the disease is impossible.

Where does MAT fit into this?

Methadone has been the gold standard of treatment for opiate addiction

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abd cramp diarrhea

Guideline for appropriate dosing

Induction and first 3-6 months is primarily symptom based. Elimination of WD & cravings is the goal.

From there onwards it is maint for mood, behavior etc.

People struggle to find an adequate dose - It varies from patient to patient

Initially it is where there is elimination of WD's - Drug hunger

This is the early induction phase

A lot of clinics start at 30 mg and increase 5-10 mg a day if needed to achieve a steady dose. Takes about 14 days

From there onwards the dose changes are slower 5-10 mg a week.

The objective is stabilization of mood. At the same time making sure there isn't any overmedication.

Some people increase their doses more than they should and experience nodding out etc.

On average a dose of 100 mg is good to provide 90% of mu receptor blockage in 80% of patients

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Sometimes they could be so fixated that they don't want to hear any alternative explanation and a lot of times they are perplexed and very open to alternative explanations.

But Lot of MMTC are not very well versed and end up falling into the "addiction Box" & change the dosage without a thorough evaluation.

I can site numerous situations but these 2 are my favorite.

A 58 yr old guy on MTD 37 mg x 1 yr now feels like it is out of his body around 2:00 pm - Reports extreme fatigue & difficulty performing essential functions of his job. Requested his dose to be increased. He reveals some new stress in life, handling well, no new meds, no new health issues. However large Hx of sleeping 5-6 hrs of sleep/night was advised to increase sleep hours to 8hr/night - Dt way fatigue due to ch lack of sleep. Pt instructed to increase sleep hours and get screened for sleep apnea. Pt happy

A second pt requested to go up from 75mg - 80 mg - Had done well on 75 mg x 18 months. Counselor and supervisor all feel she needs increase. She cites restlessness, anxiety, insomnia.

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