

Shared Care Prescribing Protocols

This section provides protocols for prescribing in respect of opiate and alcohol detoxification. However, in terms of shared care, these regimens should only be initiated following consultation and agreement with the Leeds Addiction Unit - but are included here for completeness. In particular, LAAM (levacetylmethadol) and buprenorphine are not recommended for GP prescribing.

Opiate detoxification

The choice of opiate detoxification depends upon answers to four key questions :

1. Is the patient detoxifying from a long or a short acting opioid?
2. Is the patient likely to be compliant with the chosen detoxification regimen?
3. Related to point 2: can the detoxification be self-managed at home, or is day care required?
4. Does the patient have a preference?

Detoxification from a long acting drug, such as methadone, can be difficult because there are significant withdrawal symptoms throughout the elimination phase and because there is also a protracted residual withdrawal response. The options are :

- dihydrocodeine crossover and withdrawal
- buprenorphine crossover and withdrawal
- methadone detoxification

For shorter acting opiates, such as heroin or dihydrocodeine, there are also three options to choose from:

- symptomatic detoxification
- dihydrocodeine withdrawal
- buprenorphine withdrawal

Table of factors influencing prescriber's selection of detox

	DF118	Lofexidine	Buprenorphine	Methadone
Max dose of heroin	£30	£30	£30	n/a
Max dose of methadone	30mg	n/a	30mg	30mg
Last opiate use	n/a	n/a	4 hrs heroin. 24 hrs methadone.	n/a
Use of other drugs	Avoid benzodiazepines. Consent for unusual regimens.			
Pulse/BP	n/a	Pulse>60 BP>90/60	n/a	n/a
Suitable for non compliant patient	☺☺	☺	☺☺☺	☺☺☺
Suitable for self managed detox	☺☺	☺	☺☺☺	☺☺☺