Connecticut DMHAS Department of Mental Health and Addiction Services A Healthcare Service Agency

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The Department of Mental Health and Addiction Services
A Healthcare Service Agency

John G. Rowland
Governor

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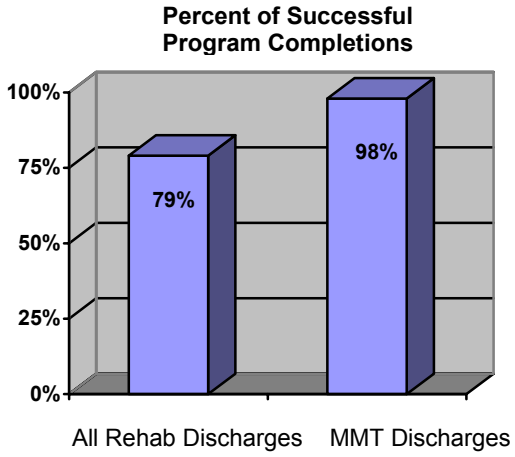
Methadone and Rehabilitation Treatment: Are They Compatible?

Thirty years of research have established methadone maintenance as one of the most cost and clinically- effective methods for treating addiction to heroin. Methadone is a medication that blocks the craving for heroin. Despite this strong evidence base, too many in the treatment community—especially residential settings—have been slow to integrate methadone as a routine option in their services. For some, this is due to a perceived conflict with treatment philosophy (i.e., supposedly substituting one drug dependence for another); for others, clinical management issues are the concern. Even among practitioners who utilize methadone therapy, there has been a tendency to prescribe relatively low doses. Recent research has strongly demonstrated that *higher* doses tend to produce better outcomes than lower doses. In other words, methadone is most effective when prescribed at a dosage level that *matches the person's assessed need*, versus being kept low as an artifact of a conservative dosage strategy. For any medication, why should a person not receive the most therapeutic dose?

At the DMHAS-operated Connecticut Valley Hospital, Addiction Services Division, methadone has been integrated as a routine treatment modality in both the detoxification and rehabilitation programs. Approximately 30% of the persons in the residential rehabilitation program units are maintained on methadone while in treatment. Approximately 20% of these receive a methadone dosage greater than 100 mg. As methadone—especially at the higher doses—was integrated into rehabilitation treatment, two clinical management questions arose:

(1) *Are there significant sedation effects that could interfere with treatment?*
(2) *Are persons on higher methadone doses less likely to complete treatment?*

To address these questions, data were recently collected on a cohort of 48 persons on methadone maintenance treatment (MMT) within the rehab setting, using two sets of measures: (a) any indications of sedation noted in the patient medical record after reaching the final dosage level[1], and (b) type of discharge. The study sample consisted of 24 persons prescribed a methadone dosage of 100 mg or greater, matched with another group of 24 persons prescribed less than 100 mg.



Outcomes Indicated:

- ✓ No difference between the two groups on both sets of measures.
- ✓ There were only two complaints of sedation – one in each group.
- ✓ Only one person (from the "under 100 mg group") left treatment prematurely.
- ✓ The successful program completion rates for both groups exceeded the mean completion rate for all discharges from rehab.

For a recent quarter (Oct-Dec 2003), the successful completion rate for the residential rehabilitation program was 79%, i.e., on average, 8 of every 10 persons completed treatment successfully. Examining the sample maintained on methadone within the rehab program, 47 out of 48 persons (98%) successfully completed treatment, nearly 10 out of 10.

Conclusion: When Methadone dosage levels are appropriately matched to clinical need, clients do not experience treatment-interfering sedation and have very favorable treatment outcomes. Please contact Susan Siliman, Ph.D..or Dennis Bouffard, Ph.D. at (860) 262-6365.for further information.

[1] *It should be noted that establishing and stabilizing an effective methadone dosage level for persons with complex medical and/or psychiatric disorders does require close monitoring and evaluation. Some interactions with other medications and medical conditions can cloud the effects of methadone. Also, for a variety of reasons, some methadone maintained persons entering a residential setting may experience a reduction in their need for methadone.*