**COE Learning Network:** Medications for Opioid Use Disorder Overview

**Presenters:** Elizabeth Schrage

**Date and Time:** 04/05/2023-12:00-1:15 pm

**Location:** Virtual Training (on Zoom)

**Host:** University of Pittsburgh, School of Pharmacy, Program and Evaluation Unit (PERU)

**Target Audience:** Centers of Excellence Leadership and Staff

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**Training Objectives:**

* Describe how opioid use disorder (OUD) can develop as a result of changes in the brain.
* Discuss the efficacy of medications for opioid use disorder (MOUD) for improving OUD treatment engagement, retention, and outcomes.
* List the general treatment phases for treating OUD with MOUD.
* List at least two factors that help determine which MOUD is best for a patient.
* Describe strategies for monitoring treatment, including ensuring treatment adherence and minimizing misuse/diversion.

**Agenda:**

1. Introduction
2. How an Opioid Use Disorder Develops
	1. Reward (Mesolimbic) Pathway
	2. Opioids act upon the brain reward pathway
	3. Opioid use changes brain chemistry over time
	4. Video
	5. OUD Diagnosis
3. Treatment Approaches: Medications for Opioid Use Disorder (MOUD)
	1. Treatment Terminology
	2. Approaches to Treatment
	3. There is no one-size-fits-all approach to treatment.
	4. Detox is not treatment
	5. Goals of MOUD
	6. Effectiveness of MOUD
4. FDA-Approved Medications for Treating OUD
	1. Opioid Agonists
	2. Opioid Antagonists
	3. Lock and Key
5. MOUD- Medications
	1. Methadone Treatment
		1. Methadone Treatment Criteria
		2. Treatment Phases & Dosing
6. Buprenorphine Treatment
	1. DATA-Waiver
	2. Formulations
	3. Buprenorphine/Naloxone
	4. Buprenorphine Treatment Phases
	5. Buprenorphine Induction
7. Stabilization on MOUD
8. Naltrexone Treatment
	1. Naltrexone Formulations
	2. Naloxone or Naltrexone Challenge
	3. Naltrexone Maintenance
	4. Naltrexone Efficacy
9. Determining Patient Candidacy for MOUD
	1. Assess Patient Candidacy
		1. Current Status
		2. History
		3. Treatment Options
	2. Potential Candidates: Methadone
	3. Potential Candidates: Buprenorphine
	4. Potential Candidates: Naltrexone
10. Misuse and Diversion
	1. Definitions of misuse and diversion
	2. Buprenorphine Diversion
	3. Diversion & Misuse Reduction Strategies
11. Questions

**Post-Test Questions:**

1. **True** or False: Opioid use changes brain chemistry over time
2. According to the DSM-5 criteria, these 2 criteria alone are insufficient to meet the criteria for Opioid Use Disorder if an individual is taking prescribed opioids under medical supervision.
	1. Continued use despite having persistent/recurrent social or interpersonal problems caused by or exacerbated by opioid use
	2. **Develops tolerance**
	3. Important social, occupational, or recreational activities are given up or reduced because of opioid use
	4. Spending large amounts of time seeking, using, or recovering from opioid use
	5. **Evidence of withdrawal**
3. **True** or False: According to research, a vast majority of diverted buprenorphine is being used to prevent or manage withdrawal symptoms.
4. Stabilization on buprenorphine includes:
	1. Blunted or blocked euphoria during illegal opioid use
	2. Significantly reduced or eliminated illegal opioid use
	3. Suppressed opioid withdrawal
	4. **All of the above**
5. Opioid antagonists:
	1. Produce some euphoria.
	2. **Block the effects of opioids**
	3. Have an opioid effect
	4. Are the “cure” for substance use disorder

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