

Treatment of Opioid Use Disorder: To MAT or Not to MAT (30 minute booster)

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The proverbial question: Can we strengthen treatment systems with medications and/or therapies to improve outcomes?



Non-Medication Treatments

- ★ Many therapies are effective, helpful
- ★ Need to target the non-rational survival brain, not just the cortex



Potential Treatments for Brain Recovery

- ★ Exposure and Response Prevention/ Blocking
 - ★ Vaccines
 - ★ Receptor occupancy- agonist, antagonist, mixed
- ★ Psychosocial Therapies:
 - ★ 12-Step Facilitation Therapy
 - ★ Cognitive-Behavioral Therapy
 - ★ Motivational Enhancement Therapy
 - ★ Others
- ★ Medications
 - ★ Restorative and protective

Psychosocial Therapies

★ Support abstinence

- ★ Tones down the drive of the pleasure-reward pathway

★ Retrains the brain

- ★ Provides healthier structure and ritual
- ★ Offers specific suggestions on a new way of living and behaving

★ Retools the emotional brain

- ★ Modulates emotions
- ★ Works through connections with other people
- ★ Provides safe structure for emotional expression

A Special Note on 12 Step Recovery

- ★ Offers a range of interventions
 - ★ Simple (slogans)
 - ★ Complicated (in-depth Step work)
 - ★ For different stages of brain healing and recovery
- ★ Builds responsibility and better judgment
 - ★ Provides a blueprint for living sober (Steps)
 - ★ Exercises the prefrontal cortex in working through problems
 - ★ Provides constant reminders of needed behavior changes, and reinforcement of changes
- ★ Is (almost) always available

Combination Treatments

- ★ Medications in combination with counseling and psychotherapies may be the best addiction treatment we have at this point
 - ★ Treat the survival/pleasure system abnormalities with medications to facilitate abstinence and prevent relapse
 - ★ Treat the cortical decision-making system with counseling and therapies
- ★ Whenever possible, provide access to ritual and soothing balms

Medication and Treatment Targets: Sensitization

- ★ Block initiation (blunt or reduce using behaviors)
 - ★ Address pre-morbid state
 - ★ Manage effect of environment (reduce power of stress, cues with increased ability to identify, own, and express feelings)
- ★ Interrupt expression (undergird decision to stop)
 - ★ Manage long term consequences/complications of exposure
 - Restore and support homeostasis using detoxification, maintenance, or blockade
 - Reduce or eliminate inducements to use (treat co-morbidity)
 - ★ Re-establish free will (impulse control)
 - ★ Reduce salience of conditioned place preference (blunt response to cues, context)
 - ★ Block drug reinforcement (substitute healthy rituals)

Medication and Treatment Targets: Reinstatement

- ★ Suppress priming (block effect, avoid first use)
- ★ Address secondary facilitators (blocks facilitators)
 - ★ Manage stress
 - ★ Stop or avert cue induced use
 - ★ Reduce salience of context
- ★ Calibrate Neurotransmitters (creates stability)
 - ★ Manage basal amount and receptor sensitivity
- ★ Balance state (encourages impulse control)

Emerging and New Therapies for OUD

- ★ “Fix” the receptor
 - ★ Repair impaired receptors (restore)
- ★ “Fill” the receptor
 - ★ Substitute a similar molecule (patch)
- ★ “Block” the receptor
 - ★ Competitive blockade; to impede, obstruct, stymie desire to use (arrest use)



Thank You

Questions?

