

## Key Points of Patient Education for Buprenorphine

Before starting OUD treatment with buprenorphine, patients should:

- Tell providers the prescribed and over-the-counter medications they take, to allow drug interaction assessment.
- Understand the goal of the first week of treatment: To improve withdrawal symptoms without oversedation.
- Tell providers if they feel sedated or euphoric within 1 to 4 hours after their dose.
- Be given the appropriate buprenorphine medication guide.
- Know possible side effects, including:
  - Headache.
  - Dizziness.
  - Nausea.
  - Vomiting.
  - Sweating.
  - Constipation.
  - Sexual dysfunction.
- Agree to store medication securely and out of the reach of others.
- Alert providers if they discontinue medications, start new ones, or change their medication dose.
- Understand that discontinuing buprenorphine increases risk of overdose death upon return to illicit opioid use.
- Know that use of alcohol or benzodiazepines with buprenorphine increases the risk of overdose and death.
- Understand the importance of informing providers if they become pregnant.
- Tell providers if they are having a procedure that may require pain medication.
- Be aware of resources through which to obtain further education for:
  - Themselves (<https://store.samhsa.gov/product/SMA16-4993>).
  - Their families and friends (<https://portal.ct.gov/DMHAS/Programs-and-Services/Opioid-Treatment/Medication-Assisted-Treatment>).

## Key Points of Patient Education for Methadone

Before starting OUD treatment with methadone, patients should:

- Be told that the methadone dose is started low and increased slowly over days and weeks with monitoring, because it takes 4 or more days for the body to adjust to a dose change. This is necessary to avoid the risk of overdose.
- Understand that the goal of the first weeks of treatment is to improve withdrawal symptoms without oversedation. Patients should tell providers if they feel sedated or high within the first 4 hours after their dose.
- Learn the symptoms of methadone intoxication and how to seek emergency care. The first 2 weeks of treatment have the highest risk of overdose.
- Be aware that rescue naloxone does not last very long, so they should remain in emergency care for observation if they are treated for opioid overdose.
- Know that concurrent alcohol, benzodiazepine, or other sedative use with methadone increases the risk of overdose and death.
- Inform OTP nursing/medical staff about prescribed and over-the-counter medications and herbs (e.g., St. John's wort) they are taking, stopping, or changing doses of to allow assessment of potential drug–drug interactions.
- Inform other treating healthcare professionals that they are receiving methadone treatment.
- Plan to avoid driving or operating heavy machinery until their dose is stabilized.
- Learn about other possible side effects of methadone, including dizziness, nausea, vomiting, sweating, constipation, edema, and sexual dysfunction.
- Agree to keep take-home doses locked up and out of the reach of others. Understand that giving methadone, even small amounts, to others may be fatal.
- Inform providers if they become pregnant.
- Understand that stopping methadone increases their risk of overdose death if they return to illicit opioid use.