

Buprenorphine

(pronounced bup - pren- or- phen)

Why has buprenorphine been prescribed?

Buprenorphine is medication used to manage opioid dependence. It is prescribed as a substitute to heroin. It is effective in managing opioid dependence as part of a comprehensive treatment programme.

What are the benefits of taking buprenorphine?

Buprenorphine reduces the withdrawal symptoms when people stop taking heroin. It also reduces the cravings for heroin.

Are there any precautions with buprenorphine?

Buprenorphine is suitable for most people. As with all medicines, however, there are precautions. Your prescriber will usually check that it is safe to prescribe buprenorphine, but let your prescriber know if any of the following apply to you, as extra care may be needed:

- a) if you have asthma or any respiratory problems, or any liver or kidney trouble.
- b) if you are taking any other medication especially benzodiazepines, medication for anxiety or insomnia, medication for schizophrenia, ketoconazole, anticonvulsants strong pain killers or antidepressants. Also, tell your prescriber if you buy any medicine 'over the counter' from a pharmacy or supermarket. Please also tell your prescriber if you take any alternative or complementary medicine such as Chinese herbal medicines.
- c) if you are pregnant or breastfeeding.
- d) If you have lactose intolerance as the tablets contain lactose.

What is the usual dose of buprenorphine?

The starting dose is usually 0.8mg to 4mg on day 1 (depending on your use of heroin or methadone). An additional 2mg to 4mg can be added to this initial dose. The usual daily dose may be between 12-24mg. The maximum dose is 32mg in a day. You will be assessed to establish the correct dose for you dependent on your symptoms.

How should buprenorphine be taken?

Buprenorphine comes as a tablet which should be placed under the tongue and allowed to dissolve for 3 to 7 minutes. This is then absorbed straight into the bloodstream. (The tablet does not work if swallowed). It should be taken at least 8 hours after your last dose of heroin. If you have taken methadone you should take the buprenorphine 24 to 36 hours after the last dose of methadone.

What form does buprenorphine come in?

Buprenorphine is available only as tablets. The tablets are available as 400mcg, 2mg and 8mg. It is also available in a combined preparation with naloxone called Suboxone. (Naloxone makes buprenorphine inactive if injected). Suboxone is available as buprenorphine 2mg/naloxone 500mcg and buprenorphine 8mg/naloxone 2mg.

What should be done if a dose is missed?

If you forget to take a dose, take it as soon as you remember. If you miss a whole day's treatment – just carry on as normal with the usual dose the following day. If you miss more than a day's treatment, speak to your prescriber.

What will happen when buprenorphine is first taken?

Buprenorphine is effective within a few minutes. At the right dose, it prevents withdrawal symptoms occurring. At too low a dose, there may be some withdrawal symptoms. At too high a dose, in someone used to high doses of heroin, it can make withdrawal come on very quickly. It is important to work with your prescriber to establish the right dose for you. The table below lists some of the side effects associated with buprenorphine. There are other possible side effects – we have listed only the most important ones. Ask your doctor, pharmacist or nurse if you are worried about anything else that you think might be a side effect. Further information on side effects is available in the official manufacturer's leaflet.

Reporting side effects

The 'Yellow Card' scheme encourages patients to report any side effects that they feel may be caused by their medication. Ask your doctor, pharmacist or nurse for the forms if you wish to report any side effects. Alternatively, telephone 0800 100 3352 or go to www.mhra.gov.uk.

Is buprenorphine addictive?

Buprenorphine is used to treat addiction

What about alcohol?

It is recommended that people taking buprenorphine should not drink alcohol.

Is it OK to stop taking buprenorphine when symptoms go away?

Most people need to stay on buprenorphine for several months or even long term. It can be gradually reduced and stopped however it may take several months or years before you are ready to come off.

Are there any alternatives to buprenorphine?

Yes, methadone is an alternative and there are other medicines which can be added to help manage symptoms of opioid withdrawal. Psychological and family therapies can also help in opioid dependence, usually alongside medication.

Summary of side effects

Side effect	Side effect
<p>Constipation - Very common</p> <p>What can be done about it? Eat lots of fibre – fruit and vegetables are good sources. Drink plenty of fluids. Your prescriber may prescribe a laxative.</p> 	<p>Headache – Common</p> <p>What can be done about it? This may wear off within a few days. Paracetamol can be taken but discuss with your prescriber if this persists.</p> 
<p>Drowsiness – Common</p> <p>What can be done about it? This should wear off within a few days or weeks. Discuss with your prescriber if this persists. Taking the medication at night-time may help, but beware of drowsiness in the following morning.</p> 	<p>Nausea and vomiting - Common</p> <p>What can be done about it? This usually occurs when buprenorphine is started. This should wear off within a few days. Discuss with your prescriber if this persists.</p> 
<p>Dizziness – Common</p> <p>What can be done about it? This may wear off within a few days. Discuss with your prescriber if this persists.</p> 	<p>Sweating – Common</p> <p>What can be done about it? Discuss this with your prescriber if it becomes troublesome.</p> 
(Other less common) Side effects	How common is it and what can be done about it?
Postural hypotension (low blood pressure)	Rare Try not to stand up too quickly. If you feel dizzy do not drive. This dizziness is not dangerous and should wear off after a few days.
Insomnia	Rare Tell your prescriber if you find it difficult to get off to sleep or are tired at your normal bedtime. It may be necessary to alter the timing of buprenorphine doses.
Respiratory depression	Rare Ensure you only take the dose of buprenorphine you have been prescribed.

Hallucinations	Rare Report immediately to your prescriber if you see or hear anything unusual or disturbing.
Hepatitis and hepatic necrosis	Very rare Report any feelings of general illness, yellowing of the skin and nausea to your prescriber.

Very common = almost everyone affected *Common* = many people affected *Uncommon* = some people affected
Rare = few people affected *Very rare* = very few or no one affected

Disclaimer

This leaflet is to help you understand more about your medication. This is not an official manufacturer's Patient Information Leaflet (see <http://www.medicines.org.uk/emc/>). Remember, leaflets like this can only describe some of the effects of medication. You may also find other books or leaflets useful. If you have access to the internet you may find a lot of information there as well, but be careful, as internet based information is not always accurate. If in doubt consult your GP or a health care professional.

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