AMBULATORY DETOXIFICATION In the 21st Century

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LEARNING OBJECTIVES

- What Ambulatory Detoxification Means
- The elements of successful programs
- How to operate a program
- Drug Specific Protocols

INTRODUCTION

- WHY is Ambulatory Detoxification attractive ?
- Healthcare Cost Addiction Treatment …
- $ 600 Billion/yr
- Declining Healthcare Benefits
- Decreased Number Of Inpatient Days
- Limited Treatment Opportunities/Lifetime
- Advent Of Levels Of Care
- Proven Efficacy in “selected cases”

TRADITIONAL BELIEFS

- Detoxification = Inpatient Treatment
- Outpatient Treatment = Increased Morbidity
- Outpatient Treatment = Increased Mortality
- Inpatient Treatment > Outpatient Treatment

HISTORICAL PERSPECTIVE

- First Attempts…."Big Book"
- First Documented Study….1975 Feldman
- Poor Outcomes
- 1. Poor Selection Criteria
- 2. Poor Assessment Process
- 3. Ineffective Protocols
- 4. Lack Of Recognition Of Dual Diagnosis

HISTORICAL PERSPECTIVE

- What Is “Success Rate”
- # of patients referred for counseling ?
- # of patients that complete treatment ?
- # of “uneventful” detoxifications ?

WHAT IS AMBUALATORY DETOX ?

- The Beginning Step
- Part Of FULL TREATMENT Experience
- 1. Detoxification
- 2. Rehabilitation
- 3. Maintenance / Continuing Care
- Linkage Opportunity to Counseling and 12 Step Programs

WHAT AMBULATORY DETOX IS NOT

- ***It Is Not for Everyone !***
- ***IT IS NOT IN LIEU OF A FULL TREATMENT EXPERIENCE***
- ***It Alone, is Not "Treatment"***

THE PROCEDURE

- INITIAL MEDICAL ASSESSMENT
- PATIENT PLACEMENT CRITERIA
- CRITERIA FOR AMBULATORY DETOX (see Ambulatory Detox Guidelines)

MEDICAL ASSESSMENT

- Severity And Risk Of Withdrawal
- Coexistence Of Other Medical Problems
- Coexistence of Psychiatric Problems
- Need for Medical Management And Medication
- Pregnant Patients Merit Special Treatment

PATIENT PLACEMENT TOOLS

- ***ASAM CRITERIA***
- PCPC
- OTHERS

AMBULATORY DETOX CRITERIA

- No Prior History Of Complicated Detox
- No History of Complicated Medical or Psychiatric Illnesses
- Supportive Recovery Environment
- Transportation Availability
- Ability to Follow Instructions
- Reasonable Treatment Acceptance

SUCCESSFUL PROGRAMS

- Systematic Screening Procedures
- Admission and Discharge Criteria
- Patient Placement Criteria
- Initial Medical Assessment
- Standardized Protocols
- Psycho-Therapy
- Patient Satisfaction

THE BASICS - HOW TO DO IT

- Patient Consent Forms
- Treatment Consent
- Full Treatment Agreement
- Severity Assessment Instrument (ASI; CIWA)
- Laboratory Testing…CBC, LFT’s, Hep B & C

BASICS - HOW TO DO IT

- MONITOR VITAL SIGNS
- Initially BID/TID until stable
- Then Daily until Complete

- MONITOR USE
- Breathalyzer
- UDS testing
- Oral Fluids Testing

BASICS - HOW TO DO IT

- Thiamine And Multivitamins (Etoh)
- Medication Monitoring
- Daily Dispensing
- Significant Other Dispensing
- Operational Hours…Mon - Thur (new patients)
- Early … AM to Noon
- No New Cases on Fri (unless wkeend hours)

BASICS - HOW TO DO IT

- ***Simultaneous Outpatient Counseling***
- Evening Program (employed)
- Intensive Outpatient (if available)
- Traditional Outpatient (if indicated)

BASICS - HOW TO DO IT

- ***TWO STEPS TO DETOXIFICATION***
- Stabilization…neutralize all withdrawal signs and symptoms
- Slowly begin to TAPER so as not to allow emergence of withdrawal symptoms

Specific Protocols-Alcohol

- ALCOHOL … Librium 25-50mg q6h x 24h
- Increase the Interval daily (e.g. Q8h,Q12h,..)

- Adjunctive Medications
- Acamprosate 660mg tid
- Antabuse
- Naltrexone
- Antidepressants

SPECIFIC PROTOCOLS - Sedatives

- SEDATIVE HYPNOTICS (see Alcohol)
- Only SLOWER Taper….change dose QOD
- Taper over a 10 day period

SPECIFIC PROTOCOLS - Opioids

- ***OPIOIDS***
- Antagonist … Naltrexone … once detoxed*
- Agonist-antagonist Suboxone / Subutex
- Agonists … Long Acting … Methadone 30-60mg to stabilize … split dosing … (DEA / Pain). Taper 5mg per dose per day
- Clonidine …. Trans-dermal (leave on one week) and oral (for 3 days)
- NSAIDS at maximum doses around the clock
- Benadryl for sleep… up to 100mg @hs

SPECIFIC PROTOCOLS

- ***PREGNANT OPIOID DEPENDENT PATIENTS SHOULD NOT BE DETOXIFIED***

- ***The treatment of choice is METHADONE MAINTENANCE***
- ***BUPRENORPHINE … 16mg-32mg for Maintenance <u>informed consent</u>***
- ***Taper postpartum (if indicated)***

SPECIFIC PROTOCOLS - Stimulants

- STIMULANTS
- Supportive Care
- Craving Management…"Dopamine"
- Bromocryptine @1.25mg bid…40mgqd
- Amantadine 100mg bid
- Desipramine 150-300mg divided doses
- SSRI's (Zoloft 50-200mg; Paxil up to 60mg; others)

SUMMARY

- ***IS NOT FOR EVERYONE***
- AMBULATORY DETOX IS ***SAFE and Effective***
- SHOULD BE COUPLED WITH *COUNSELING*
- IS *Not IN LIEU OF* a " FULL TREATMENT "
- Follow Guidelines … ASAM Criteria and DMHAS Bulletin