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 AMBULATORY 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 weekend 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 informed consent

• 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