

CARLAT PUBLISHING
**TREATING OPIOID
USE DISORDER**
A FACT BOOK



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Treating Opioid Use Disorder—A Fact Book (2024)

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Learning Objectives

1. Identify some of evaluative tools clinicians can use to diagnose opioid use disorder
2. Describe the dosing, side effects, pharmacokinetics, and drug interactions of these commonly prescribed alcohol use disorder medications.
 - a. Buprenorphine (Suboxone, Subutex)
 - b. Buprenorphine extended-release (Sublocade)
 - c. Lofexidine
 - d. Methadone
 - e. Naltrexone (Vivitrol)
 - f. Nalmefene (OPVEE)
3. List some of the types of addiction services available for patients with opioid use disorder
4. Summarize some of the ways clinicians can incorporate behavioral therapy in opioid use disorder
5. Describe how Twelve Step programs can help in the treatment of opioid use disorder
6. Identify some of the key ways clinicians can treat opioid use disorder patients with dual diagnosis.
7. Describe the effects, withdrawal syndromes, and treatment of opioid use disorder

Questions

1. When categorizing severity of opioid use disorder (OUD), how many DSM-5 criteria indicate severe OUD (LO #1)?
 - a. 2 to 3
 - b. 3 to 4
 - c. 4 to 5
 - d. More than 5

2. HALT is a useful acronym to help patients remember basics of self-care. Not addressing these needs can lead to opioid cravings or substance use. What does the “A” stand for in the HALT acronym (LO #1)?

- a. Angry
- b. Awake
- c. Attitudes
- d. None of the above

3. Which is a sign of moderate opioid use disorder (LO #2)?

- a. First received opioids for short-term pain
- b. Taking a low potency opioid
- c. Using opioids daily or nearly daily
- d. Using opioids multiple times a day

4. Which of the following is an 11-item clinician administered scale to measure severity of opioid withdrawal (LO #2)?

- a. Clinical Opiate Withdrawal Scale (COWS)
- b. High-Dose Opiate Withdrawal Scale (HOWS)
- c. Subjective Opiate Withdrawal Scale (SOWS)
- d. Objective Opiate Withdrawal Scale (OOWS)

5. Which of the following are symptoms of opioid withdrawal (LO #3)?

- a. Anxiety
- b. Sweating
- c. Vomiting
- d. All of the above

6. Which of the following patients is the most appropriate candidate for outpatient opioid withdrawal management (LO #4)?

- a. A patient who is medically healthy with good social support
- b. A patient who is unhoused
- c. A patient with cognitive impairment and no reliable transportation
- d. A patient with psychiatric illness who has a history of poor follow-up

7. In patients taking methadone, co-administration of which of the following may be associated with an increased risk of QT prolongation (LO #5)?

- a. Azithromycin
- b. Docusate
- c. Levetiracetam
- d. Memantine

8. Naltrexone is a/an (LO #5)?

- a. Partial opioid agonist
- b. Opioid agonist
- c. Opioid antagonist
- d. None of the above

9. Which of the following requires a patient treated for opioid use disorder to be enrolled in a federally licensed Opioid Treatment Program (OTP) (LO #6)?

- a. Buprenorphine
- b. Methadone
- c. Naloxone
- d. Naltrexone

10. According to the buprenorphine induction guidelines put out by the Substance Abuse and Mental Health Services Administration (SAMHSA), patients should be in which stage of withdrawal prior to receiving buprenorphine (LO #7)?

- a. Mild
- b. Moderate
- c. Severe
- d. Patients should not be in withdrawal when about to be initiated on buprenorphine

11. An opioid overdose patient is most likely to present with which of the following symptoms (LO #8)?

- a. Pinpoint pupils

- b. Tachycardia
- c. Tachypnea
- d. Warm skin

12. Which of the following is the most appropriate first step to teach family and friends if a potential opioid overdose is suspected (LO #9)?

- a. Administer CPR
- b. Call 911
- c. Deliver rescue breathing
- d. Perform a sternal rub

13. An appropriate harm reduction strategy includes which of the following (LO #9)?

- a. Carrying naloxone
- b. Using opioids alone
- c. Administering large doses of opioids at once
- d. Utilizing non-sterile needles

14. Which of the following psychosocial interventions focuses on helping patients identify situations that are potential triggers for high risk of drug use, as well as the strategies for avoiding them (LO #10)?

- a. Behavioral couples therapy (BCT)
- b. Cognitive behavioral therapy (CBT)
- c. Motivational interviewing (MI)
- d. 12-Step Facilitation (TSF)

15. Which of the following psychosocial interventions is a patient-centered approach that helps a patient resolve ambivalence by identifying and enhancing intrinsic motivation to change harmful behaviors (LO #10)?

- a. Behavioral couples therapy (BCT)
- b. Cognitive behavioral therapy (CBT)
- c. Motivational interviewing (MI)

d. 12-Step Facilitation (TSF)

16. Behavioral couples therapy (BCT) utilizes which framework (LO #11)?

- a. Cognitive behavioral therapy (CBT)
- b. Motivational interviewing (MI)
- c. 12-Step Facilitation (TSF)
- e. None of the above

17. Which treatment model allows patients to receive treatment in intensive hospital-level care, without the need for an overnight stay (LO #12)?

- a. Partial hospitalization programs
- b. Residential rehabilitation
- c. Sober houses
- d. Withdrawal management

18. Which of the following does not always offer formal treatment for opioid use disorder (LO #12)?

- a. Intensive outpatient program
- b. Residential rehabilitation
- c. Sober house
- d. All of the above offer formal treatment for opioid use disorder

19. Which of the following opioid use disorder patients may benefit from living in a sober house (LO #13)?

- a. A patient who lives in an environment where drugs are easily available
- b. A patient who requires a safe and substance-free environment
- c. A patient with unstable housing
- d. All of the above

20. Which of the following medications may be used safely in pregnant patients with opioid use disorder (OUD) (LO #14)?

- a. Buprenorphine only
- b. Methadone only
- c. Both buprenorphine and methadone
- d. Neither buprenorphine nor methadone

21. Which is true about injectable naltrexone usage in pregnancy (LO #14)?

- a. It is recommended due to efficacy and safety
- b. It is recommended and is better than methadone
- c. It is recommended and is better than buprenorphine
- d. It is not recommended due to lack of adequate data

22. Appropriate prescribing of medications for opioid use disorder (MOUD) is associated with which of the following outcomes in pregnant opioid use disorder patients (LO #14)?

- a. Increase in birth defects
- b. Increase in uterine growth restriction
- c. Mitigation of preterm birth
- d. All of the above

23. Which of the following are symptoms of Neonatal Opioid Withdrawal Syndrome (NOWS) (LO #15)?

- a. Crying
- b. Sweating
- c. Tremors
- d. All of the above

24. Which is a first-line medication used for Neonatal Opioid Withdrawal Syndrome (NOWS) (LO #15)?

- a. Buprenorphine
- b. Clonidine
- c. Morphine
- d. Phenobarbital

25. Rooming-in and parenteral involvement allow for which of the following (LO #15)?

- a. Bonding only
- b. Early Neonatal Opioid Withdrawal Syndrome (NOWS) recognition only
- c. Both bonding and early Neonatal Opioid Withdrawal Syndrome (NOWS) recognition
- d. Neither bonding nor early Neonatal Opioid Withdrawal Syndrome (NOWS) recognition