

Neuroversion

Break the cycle of pain

Buprenorphine for Pain

Information for Patients

Buprenorphine is a special kind of opioid medication (in the same family as morphine, oxycodone, etc...) that has many qualities that make it a safer and better long-term option for chronic pain in those patients that depend on regular opioid medications. It is available in a skin patch form (Butrans), and in pills and films that dissolve under the tongue (buprenorphine/naloxone, buprenorphine, Suboxone, Subutex). The newest form is a film strip that dissolves on the inside of your cheek (Belbuca).

Reasons to Switch to Buprenorphine

It is usually more effective for pain: Buprenorphine is generally more effective than other opioids, especially if the person has used opioid medication for a long time, or needs a higher dose than they used to use. Several studies have shown that when patients were converted to buprenorphine from other opioid medications, they have an improvement in their pain. Like any medication, however, it is unlikely to eliminate pain. In one study, the average improvement in pain was 23% when patient's switched to buprenorphine. About 90+% of people who switch to buprenorphine have an improvement in their pain. Along with improved pain, most people also have an improvement in their ability to function comfortably through the day, as well as improvement in their mood (less depression and anxiety).

It is long-acting: Buprenorphine is a very long-acting medication, so people usually have less "roller coaster" pain, where they feel relief for a few minutes or hours after their medication, but then have severe pain prior to the next dose. The patch is used for a full week, and after the first 3 days of the first patch, is generally very stable. The dissolvable forms are usually used between 2-4x/day for pain.

It causes less tolerance: Most opioid medications become less effective over time, and many people even find that the pain they have between doses is more severe than the pain they had before they were ever on opioid medication. This is because most opioids cause tolerance and hyperalgesia when they are used for a long time. Tolerance is when a higher dose is needed for the same level of relief. Hyperalgesia is when the pain medicine itself causes the pain to worsen gradually and over time. While people may still feel relief when they take opioid medication, their overall pain and function generally worsen. It is not safe or effective to increase the dose when tolerance or hyperalgesia develop—the body just gets used to the new dose. Because of its special qualities, buprenorphine continues to work well at stable doses over a long period of time.

It has fewer risks and side effects: Buprenorphine is also considerably safer than other opioids, for many reasons. Most opioid medication can cause hormone suppression (causing impaired fertility, fatigue, depression, loss of muscle, menstrual irregularity or erectile dysfunction), sleep apnea, immune suppression (which can lead to recurrent infections, worsen hepatitis or HIV in infected patients, and increase the risk of cancer spread). Buprenorphine, on the other hand, has either no or very little effect on the hormone and immune systems, and causes far less sleep apnea, than other opioids.

It is very unlikely to result in overdose:
The most concerning risk of most opioid medications is that of overdose, where the

medication causes a reduction in breathing that causes the heart and lungs to shut down. Opioid overdose is the most common cause of accidental death in the U.S., killing more people each year than automobile accidents. Buprenorphine has a special formulation that does not significantly suppress breathing, and is 5 times safer than other opioids, in terms of overdose risk.

Important Things to Know About Buprenorphine

Buprenorphine, like all opioids, can still cause constipation. The patch form of buprenorphine causes less constipation than other forms of buprenorphine, and other opioids. When you take a long-term opioids of any kind, you should also regularly take a laxative and/or stool softener, with the dose adjusted until you have at least 1 soft bowel movement daily. If needed, discuss this with your prescriber or primary care provider.

As with all opioid medications, misuse of the medication (snorting, injection, using more than prescribed, combining with alcohol and other drugs) can still result in accidental overdose, although this is far less likely than with other opioids. Don't use any non-prescribed sedating medications with buprenorphine, and avoid using alcohol with it.

Because of buprenorphine's special qualities, if you start taking a high dose of it while you still have other opioids in your system (especially a long-acting opioid like methadone or OxyContin), the buprenorphine can cause a temporary but uncomfortable withdrawal. Generally, your provider will have you hold other opioids for 4-24 hours before starting buprenorphine (depending on the other medications that you take).

You should not use buprenorphine if you have a particular heart condition called "prolonged QT segment," because this could worsen on buprenorphine treatment.

Like all sedating medications, prescription or over the counter, buprenorphine can cause some sleepiness, or impair driving or ability to operate equipment. This is especially true if you also take any other sedating medication or alcohol. And just like all opioids and sedatives, if you are pulled over for a traffic violation and are found to have buprenorphine in your system, you could be charged for a DUI, even if you are using the medication as directed.

Buprenorphine is a DEA controlled medication. It is illegal and unsafe to share, sell, or purchase it without a prescription. It should be kept safely away from children.