OUD Workshop
Medically Supervised Withdrawal: Evidence

Mishka Terplan MD MPH FACOG DFASAM
Professor Departments Obstetrics & Gynecology and Psychiatry
Virginia Commonwealth University
Addiction Medicine Consultant, Virginia Medicaid

Disclosures

• I have no relevant disclosures of conflicts of interest

Historical Detox

Table 1. Presence/Dependence of Patients in Each Type of Treatment at the End of the Five-Year Period

<table>
<thead>
<tr>
<th>Type of Treatment</th>
<th>No.</th>
<th>No. of Patients</th>
<th>Percentage of Patients</th>
<th>No. of Patients</th>
<th>Percentage of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methadone</td>
<td>550</td>
<td>550</td>
<td>100%</td>
<td>550</td>
<td>100%</td>
</tr>
<tr>
<td>Buprenorphine</td>
<td>550</td>
<td>550</td>
<td>100%</td>
<td>550</td>
<td>100%</td>
</tr>
<tr>
<td>Total</td>
<td>1100</td>
<td>1100</td>
<td>100%</td>
<td>1100</td>
<td>100%</td>
</tr>
</tbody>
</table>

Footnotes:
- *For patients with multiple types of treatment.
- **For patients with no treatment at all.

Remarks: Details of treatment methods and outcomes are provided in the appendix.
Detox uncommon in drug treatment system
What about “detox” in pregnancy?

- “Detox” in pregnancy was not recommended (by ACOG et al) not simply on (limited) stillbirth data
- “Detox” not recommended because ineffective method for treatment of OUD in general
SAMHSA Clinical Guide Recommendations

- Buprenorphine and methadone are the safest medications for managing OUD during pregnancy
- Transitioning from methadone to buprenorphine or from buprenorphine to methadone during pregnancy is not recommended
- Medically supervised withdrawal is not recommended during pregnancy

Treated vs Un-Treated Addiction

Optimizing Maternal Health = Core Principle of Prenatal Care

<table>
<thead>
<tr>
<th></th>
<th>No Addition</th>
<th>Treated Addiction</th>
<th>Untreated Addiction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preterm Birth</td>
<td>8.7%</td>
<td>10.1%</td>
<td>19.0%</td>
</tr>
<tr>
<td>Low Birthweight</td>
<td>5.5%</td>
<td>7.8%</td>
<td>18.0</td>
</tr>
<tr>
<td>Fetal Death</td>
<td>0.4%</td>
<td>0.5%</td>
<td>0.8%</td>
</tr>
<tr>
<td>Neonatal Mortality</td>
<td>0.4%</td>
<td>0.4%</td>
<td>1.2%</td>
</tr>
<tr>
<td>Post Neonatal Mortality</td>
<td>0.05%</td>
<td>0.03%</td>
<td>0.1%</td>
</tr>
</tbody>
</table>

Medication for Opioid Use Disorder in Pregnancy

- Medication supported by:
  - CDC
  - WHO
  - SAMHSA
  - BOP
  - NCCIC
  - ACOG
  - AASAM
  - AAF
  - Federal Guidelines for Opioid Treatment 2015 (partial list)
- Medication not supported by:  
  

Women with OUD at Delivery in MAT (Outcome Measure)

BENCHMARK = ≥ 70%

Women with OUD at Delivery Connected to Behavioral Health Counseling/Recovery Services

UPDATED BENCHMARK = ≥ 70%

Fatal and Nonfatal Overdose Among Pregnant and Postpartum Women in Massachusetts
Detox is Associated with Overdose

No Aftercare = Poorer Outcomes

MOUD is cheaper and associated with less health care utilization
Thank You

- Mishka Terplan
- @do_less_harm
- Mishka.Terplan@uscf.edu