

# Medications for Opioid Use Disorder in the Emergency Department

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# Medications for Opioid Use Disorder (MOUD)

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<b>Methadone</b>	<b>Buprenorphine</b>	<b>Naltrexone</b>
Full agonist opioid	Partial agonist opioid	Opioid antagonist
Treats withdrawal	Treats withdrawal	Does not treat withdrawal
Treats cravings	Treats cravings	May treat cravings
Reduces mortality	Reduces mortality	Does not reduce mortality
OTP only	Can be prescribed	Can be prescribed

# Emergency department role

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- ▶ Any patient, any time
- ▶ Life-saving care
- ▶ Safety net





# Typical encounter

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Triage  
Intervention  
Diagnosis  
Stabilization  
Symptom management  
Bridge to care  
Prevention



# Opioid overdose encounter

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Triage

Intervention

Diagnosis

Stabilization

Symptom management

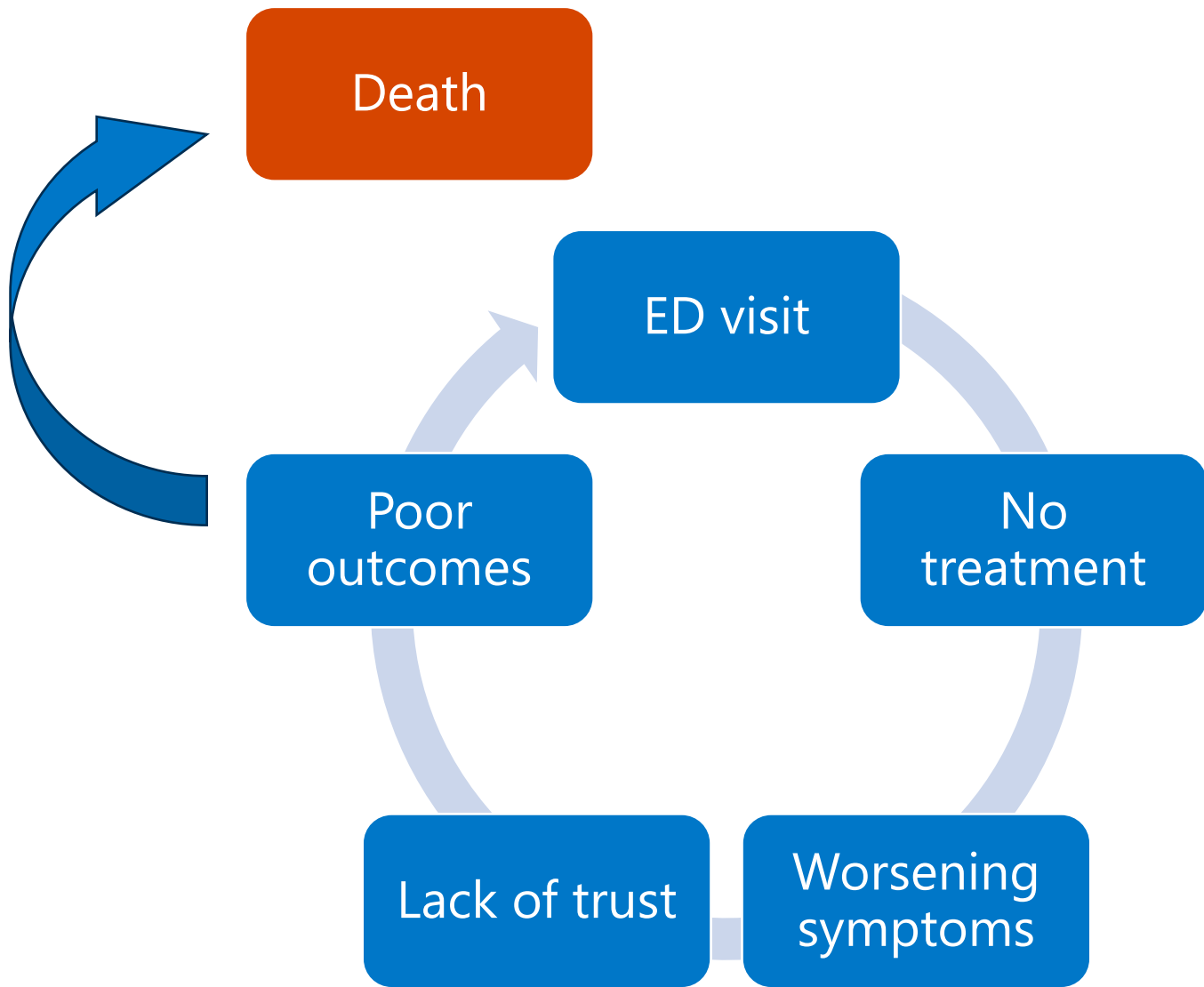
Disposition

Prevention

Triage

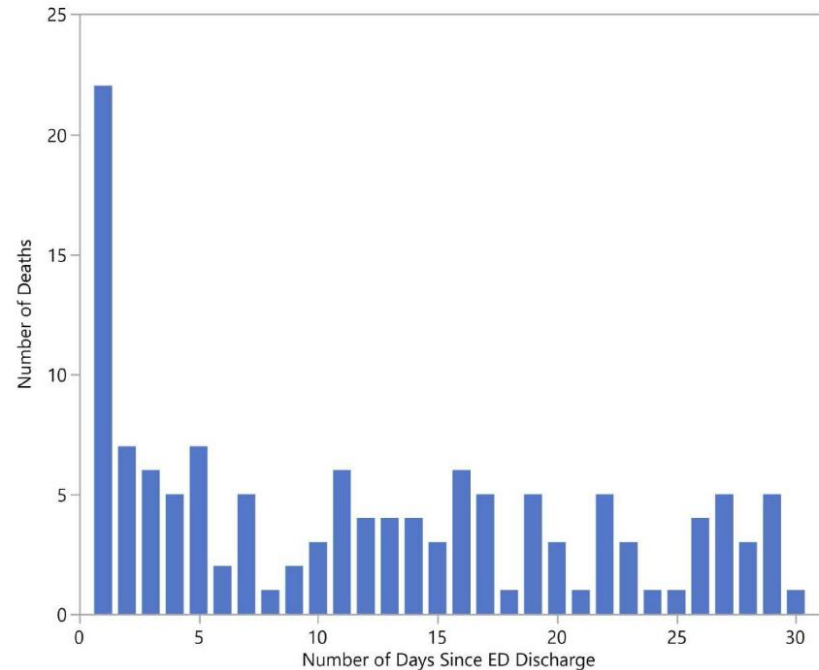
Intervention

Diagnosis



# Mortality risk

- ▶ Mortality rate of 5.5%<sup>1</sup>
- ▶ Median age of death 39 years old<sup>1</sup>
- ▶ 1 in 5 patients who died did so in the first month after the ED visit<sup>1</sup>



**Figure 2:** Number of deaths after emergency department treatment for non-fatal overdose by number of days after discharge in the first month, by day, n=130.

Weiner et al. 2020

# Emergency department role

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- ▶ Any patient, any time
- ▶ Life-saving care
- ▶ Safety net





# Buprenorphine in the ED

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- ▶ Lowers risk of death after overdose by 63%<sup>2</sup>
- ▶ Doubles retention in treatment over referral<sup>3</sup>
- ▶ Reduces ED visits<sup>4</sup>

Providers who use MOUD describe treating patients with OUD as professionally satisfying<sup>5</sup>

# Buprenorphine as harm reduction

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- ▶ Treats withdrawal
- ▶ Protective against overdose<sup>6</sup>
- ▶ Diverted buprenorphine used therapeutically<sup>7</sup>

Patients who are offered buprenorphine are being given the same level of care as patients with other medical conditions

# OUD vs. all other conditions

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- ▶ Lifestyle first
- ▶ Perfect adherence
- ▶ Limited timeframe



# Treatment gap

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Only 9% of patients are prescribed buprenorphine following an emergency department visit for opioid overdose<sup>8</sup>

Of patients with opioid use disorder offered buprenorphine in the emergency department, 86% accepted<sup>9</sup>

## Number needed to treat (thennt.com)

Magnesium for preeclampsia	90
Aspirin for myocardial infarction	42
Anticoagulation for deep vein thrombosis	17
Epinephrine for out of hospital cardiac arrest	7
Buprenorphine (> 16 mg) for opioid use disorder	2



# Barriers

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Training

Scope

Culture

Workflow

Linkage to care

Experience

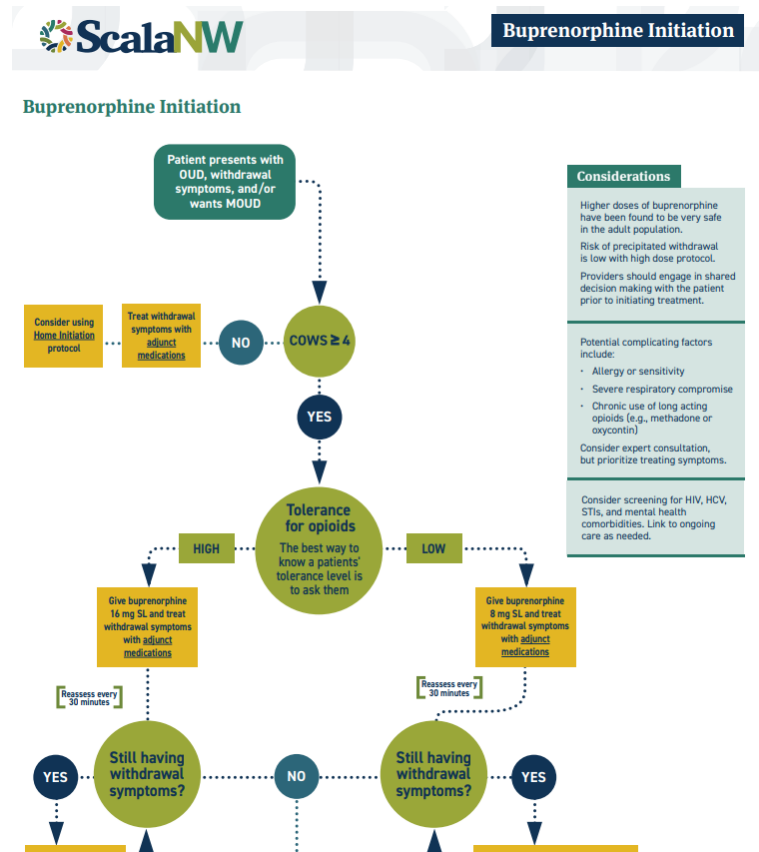
# WA State ED Bridge Program

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- ▶ Clinical recommendations for treatment of OUD
- ▶ 24/7 MOUD consultation
- ▶ Implementation support
- ▶ Staff education
- ▶ 24/7 real-time appointment scheduling

# ScalaNW.org

- ▶ MOUD and pain management protocols
- ▶ Trainings
- ▶ Discharge instructions
- ▶ Nursing considerations
- ▶ Harm reduction resources



# Psychiatry Consultation Line

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- ▶ UW psychiatrists and addiction psychiatrists
- ▶ Adult patients only
- ▶ Free to prescribers and non-prescribing providers
- ▶ Available in any practice setting
- ▶ MOUD, SUD, co-occurring conditions



# ScalaNW scheduling

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## Enrollment

- ▶ Open to hospitals and clinics statewide
- ▶ Free to use
- ▶ Non-contractual

## In the ED

- ▶ 5-minute phone call
- ▶ Multiple appointment options
- ▶ Date/time/location prior to discharge

# Contact information

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ScalaNW

[info@scalanw.org](mailto:info@scalanw.org)

[www.scalanw.org](http://www.scalanw.org)

Psychiatry Consultation Line

877-927-7924

[www.pcl.psychiatry.uw.edu](http://www.pcl.psychiatry.uw.edu)

# References

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# Questions?

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