Here, we present a novel induction method (IPPAS method) utilizing
withdrawal symptoms were tracked during induction and several
immediately after induction, patients were started on therapeutic-
oral hydromorphone 16-32mg was ordered for every 2 hours PRN to
the protocols used a staggered, cumulative application of 20µg/h
protocols between January 1, 2022 to November 31, 2023
with one of three experimental transdermal buprenorphine induction
A retrospective chart review was conducted for 51 inpatients with OUD
leading to fast and effective treatment.4

1. 21 (75%) experienced no withdrawals during or post-induction. On clinician review of the remaining 7 patients:
   • 5 had COWS score elevations due to unmet opiate deficit
   • 1 began induction in moderate withdrawal that improved, then had a painful reaction to depot injection that scored high on COWS
   • 1 had no withdrawals during a successful induction but then refused buprenorphine injection and had withdrawals upon patch removal

2. 7 (25%) patients were not successfully transitioned to buprenorphine treatment:
   • 2 Opted for methadone afterward
   • 2 Left against medical advice without any withdrawal
   • 1 Left against medical advice with withdrawal
   • 1 Opted for detox afterward
   • 1 found the buprenorphine injection too painful

3. Patients were managed with a median of 120-150mg oral morphine equivalents per 12h period, decreasing over time to a median of 0mg after the induction process.
4. There were no serious adverse events that required withdrawal from the treatment:

Pharmacokinetic modeling of plasma buprenorphine levels between different induction methods.
Comparative simulations of typical buprenorphine plasma concentration-time values for a patient receiving sublingual (0.5mg q8h 24h followed by 2mg q8h for 24h, red line), transdermal twice-dosed buprenorphine (4 patches q8h, green) and transdermal twice-dosed buprenorphine (6 patches, blue) over 24 hours. Purple line shows twice-dosed transdermal buprenorphine over 48 hours (6 patches q24h)

• Participants in this study are often highly vulnerable, facing numerous adversities and barriers in accessing treatment.
• Findings indicate that patients can be effectively and safely induced onto buprenorphine with minimal withdrawal symptoms.
• Quick and effective treatment options address disparities in addiction treatment, ensuring that all patients have access to evidence-based care, promoting equitable healthcare outcomes in the context of OUD.

CONCLUSION

REFERENCES