INDICATIONS FOR METHADONE USE AT UNIVERSITY HOSPITAL

There are four categories of patients for whom methadone is beneficial. These are:

1. Patients on existing methadone maintenance therapy for opiate addiction.
2. Patients with chronic malignant and non-malignant pain who would benefit from therapy with a long-acting opiate formulation.
3. Acute/Post-operative pain management.
4. To facilitate weaning from opiate medications after prolonged analgesia in the ICU, on the ward or as an out-patient.

This therapy should be available for pediatric and adult patients.

Category 1:

1. Patients on existing methadone maintenance therapy for opiate addiction must continue their medication throughout their in-patient stay. Addiction is a disease and methadone is a necessary medication for its treatment in these individuals.

2. The current methadone dosing schedule should be verified by the patient's psychiatrist and continued throughout the in-patient period.

3. Methadone can be used instead of other opioids as an analgesic in these patients if it is considered desirable/necessary.

4. The patients' psychiatrist must be informed of the daily methadone dose at the time of discharge if this differs from the dosage at admission. This is necessary as it will fall to the psychiatrist to make appropriate adjustments to the patients' methadone dosage.

Category 2:

1. Many of the long acting opiate analgesic formulations are extremely expensive and cannot be afforded by the patient. Methadone is a long acting opiate analgesic which has the same beneficial characteristics as other drugs in its class and has the added advantage of being cheap.

2. Methadone is appropriate for the management of chronic malignant and non-malignant pain in children and adults.

3. Methadone is often prescribed through a chronic pain clinic or by a primary care physician in consultation with a chronic pain specialist.

Category 3:

1. Methadone can be used as part of an anesthetic regimen to provide prolonged post-operative analgesia. The analgesic effect from a given dose in this setting varies from 12-36 hours. This is true for children and adults.

2. Consider methadone for acute pain management in place of morphine PCA when the availability of pumps is limited.

3. Consider methadone in patients who require parenteral analgesia but in whom venous access is limited and 1 – 2 daily intermittent dosing will facilitate management.

4. Consider methadone in patients who have allodynia (central hypersensitization) or who are at risk of developing allodynia. Normethadone, the primary metabolite of methadone, is an NMDA receptor antagonist; an essential property in preventing allodynia.

5. The duration of therapy in the post-operative setting averages 48 – 72 hours. A weaning period is not necessary.

Category 4:

1. Patients can receive methadone analgesia parenterally prior to conversion to the oral formulation after prolonged opiate analgesia in the ICU and when methadone is used de novo.

2. The considerations for category 3, items 2 and 3, also apply to patients in the ICU.

3. Oral methadone for weaning from opiate therapy is accepted medical practice in pediatric and adult patients. This occurs on the ICU, general ward and at home.

NOTE: The presence of physical dependence is NOT an indication of addiction. A special license to allow a physician to wean a patient from opiate medications in this scenario is not required. Weaning patients who are opiate addicts from methadone is an entirely different entity and is not applicable to the patients described above.