Office based treatment with buprenorphine plus naloxone, or buprenorphine alone reduces opiate use and craving


How effective is buprenorphine with or without naloxone in reducing opiate use and craving in people addicted to opiates?

**CONCLUSIONS**

Buprenorphine based treatments, with or without naloxone, reduced opiate use and cravings in people with opiate addiction, and were suitable for use in an office based setting.

**METHODS**

- **Design:** Multicentre randomised controlled trial.
- **Allocation:** Unclear.
- **Blinding:** Double blind.
- **Follow up period:** Four weeks.
- **Setting:** Eight centres in the United States; October 1996 to September 1997.
- **Patients:** Adults aged 18–59 years with opiate dependence (DSM-IV) seeking opiate substitution pharmacotherapy.
- **Exclusions:** pregnant or nursing women, primary Axis I psychiatric diagnosis (DSM-IV) other than opiate, caffeine, or nicotine dependence, or use of methadone, levomethadyl acetate or naltrexone 14 days before enrolment.
- **Intervention:** Sublingual tablets of: buprenorphine (16 mg/day) alone, buprenorphine (16 mg/day) plus naloxone (4 mg/day), and placebo.
- **Outcomes:** Proportion of opiate negative urine samples; participant reported cravings for opiates (measured on a visual analogue scale where 0 = no craving and 100 = intense craving).
- **Patient follow up:** As both treatments were more effective than placebo, the trial was terminated early. Of 296 people not enrolled, 294 (99.3%) were included in the analysis.

**MAIN RESULTS**

Both buprenorphine plus naloxone, and buprenorphine alone significantly increased the proportion of people with opiate negative urine samples compared with placebo (17.8% vs 20.7% vs 5.8%, respectively; p<0.001 for both drug treatments compared with placebo). Buprenorphine based treatments, with or without naloxone, significantly reduced the number of cravings for opiates, compared with placebo (p<0.001 for all treatments vs placebo).

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