

Side Effect Management

| Side Effect: | Cause: | Management: |
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| Constipation | This side effect is dose related. | Treat with over-the-counter stool softeners, diet changes, and increased fluids. Seek MD advise as needed. |
| Taste Perversion | Sensitivity to the taste of the medicine. | Drink something before taking dose to increase saliva, and quicken absorption. OJ and Soda work well. Break or crush tablet before putting under the tongue to quicken the process. Do not put more than two large tablets under tongue at one time. |
| Headache | This side effect usually resolves. Those with migraine history are more prone to this side effect. | Tylenol and Ibuprofen are usually effective. If not, the physician should provide support. Taking the dose at bedtime may help. Splitting the dose is sometimes helpful. |
| Nausea | This side effect usually resolves quickly, and is often related to the taste of the pills. | Try to get the pill to dissolve more quickly (see taste perversion). Use mints, breath strips on tongue while medication under tongue, split dosing. |
| Vomiting | This side effect occurs very early on. It is important to distinguish between a side effect and withdrawal. When it happens, it is very difficult for the patient, and can jeopardize ability to stay on buprenorphine. | Medical support is needed to assess the causes of this symptom. It usually resolves, and is not a common side effect. Medical support and help should be administered immediately. The patient may need antiemetics, hydration, support, etc. |
| Sweating | This symptom may be a side effect of the medication, or it may be due to withdrawal. It is important to distinguish between a side effect and withdrawal. It occurs less frequently at lower doses. | Try splitting the dose to decrease sweating. |
| Joint pain, muscle aches, low back pain, anxiety, insomnia, teary, runny nose | If all symptoms are present, the patient is most likely experiencing withdrawal. These side effects can happen later on after stabilization if patient has a medication change that is interacting or patient experiences a change in activity level. It is important to determine the cause of these symptoms. Bring attention to providers and work with the medical team to avoid relapse. | If the side effects occur in the beginning, the dose will need adjusting, and the medical provider should be contacted. |
| Pain | If this symptom begins during induction, the patient may have been sub-consciously self-medicating. This side effect should be evaluated, as sometimes buprenorphine can help a patient's pain issues. However, it is important to evaluate the etiology of the pain, first. | Work with medical team to determine causes and the best treatment. |
| Sedation | If this side effect occurs at start of treatment, the dose may be too high. Address this with medical team. Patients should not become so relaxed that they "nod off" on buprenorphine. | Assess for polysubstance use and medication changes, especially in patients with HIV/HCV. |
| Increase liver enzymes | This should be carefully monitored for patients with HIV and HCV. | Obtain baseline LFTs as well as Hepatitis B, and C serology's. Check levels frequently during treatment. |
| Anxiety | Patient may have been using buprenorphine as a self-treatment for anxiety. | The patient should be seen by a psychiatrist and evaluated to avoid relapse. The patient should avoid benzodiazapines if at all possible and if there is a history of abuse. |
| Rash, Hives, Pruitis | This is an allergic reaction. | In this instance, treatment may need to be discontinued. Seek medical provider attention. |
| Insomnia | There may be a prior history of insomnia. It can also be a sign of continued withdrawal in the early stages of induction, and should resolve. | Assess if patient had history of insomnia prior to drug use. If so, the patient may need to be evaluated and treated for insomnia. |
| Decreased Libido | May resolve. | If it doesn't resolve, seek medical support. |