

3. First methadone dose and stabilisation



The first methadone dose process

- For your first dose you need to attend in the morning so that post-dose checks can occur.
- The doctor determines the starting dose and dose range (what you can initially go up to) and writes you a script for 3 or 4 days. (NB. The Practice Guidelines for OST state the starting dose cannot go over 40mg). A follow-on script to go to the pharmacy is written after the peak dose review on day 3 or 4.
- Some clients will receive their first doses at the Pitman House pharmacy; others will go to a community pharmacy. This will be discussed with you at assessment.
- Some clients will need to be observed 30 mins after their first dose; again this will be determined at assessment.
- Most clients need to be seen 3-4 hours after their first dose. This is to review your level of comfort / intoxication / withdrawal at peak plasma level concentration (when methadone reaches its highest level in your body). If you don't attend this review you won't be able to collect more methadone doses until a review happens.
- Things you need to be aware of when you have your first methadone dose.
- Because of the risk of overdose, methadone can't be administered to you if you're intoxicated or stoned.
- There may be an increased risk of overdose if you use illicit sedative drugs (downers) or alcohol on the day of your first dose. (See Information Sheet 4 *Accidental overdose*) For more info on this talk to the AOTS doctor.
- When stabilising on your dose it's not advisable to operate heavy machinery or to drive because of the potential for increased sedation i.e. nodding off. However, once a stable level has been achieved, methadone is unlikely to cause any problem or impairment.
- The initial dose is not increased for the first 3-4 days because methadone accumulates in your body over this time and you'll experience increasing effects from the same dose of methadone each day. (See Information Sheet 2 *Facts about methadone*)

3 – 4 day post-dose check

On day 3 or 4, all clients need to be seen 3–4 hours after having taken their methadone. This is to check your level of comfort at the current prescribed dose and to assess the need for dose increases. (The key worker informs the doctor if dose changes are needed.)

If you don't attend this check no further methadone doses will be prescribed for you until you have been reviewed, so it is important not to miss it.

If the methadone dose is to increase over 100mg you might be required to have an ECG to test your heart; this is mandatory if the dose reaches 150mg or more. (For more information about cardiac/heart risks, see Information Sheet 18 *Methadone and medication interactions*)

Also available:

1. Opioid treatment with AOTS
 2. Facts about methadone
 3. First methadone dose and stabilisation
 4. Accidental overdose
 5. Ongoing Opioid Substitution Treatment (OST)
 6. Indicators of stability
 7. Clinical tests: blood, urine, etc.
 8. Restabilisation
 9. Pharmacy dispensing
 10. Changes to prescriptions
 11. Holiday arrangements within NZ
 12. Travelling overseas
 13. Methadone takeaways
 14. Shared Care with your GP
 15. Thinking about coming off?
 16. Involuntarily withdrawal
 17. Pregnancy and opioid treatment
 18. Methadone and medication interactions
 19. Driving and OST
 20. Finding a GP
- Facts about buprenorphine (Suboxone®)
- Suboxone® treatment with CADS

The stabilisation phase

'Stabilisation' at this point in your treatment refers to getting you and your dose stable. The people involved in this phase include the key worker (who may not be the same person you stay with for on-going OST), the doctor, and the dispensing pharmacist (an AOTS pharmacist or one in a community pharmacy).

As well as getting your dose stable, the key worker will work with you to set some initial goals and develop an initial treatment plan which covers things like:

- Co-ordinating your care with your GP, pharmacist, etc.,
- Liaising with community based supports; the key worker can refer you to other services within CADS (e.g.: counselling, groups, cultural support), and to external community agencies as appropriate. AOTS staff can advocate for you both within this service and with other services/community agencies to help you achieve your best treatment outcomes,
- Involving support people in your treatment,
- Harm reduction and relapse prevention strategies,
- Safety and risk management (i.e. ensuring the safety and protection of children and other dependents; not mixing methadone and other medications; etc).

Other people involved in your health care may be invited to be involved in planning your treatment; this is especially so if you're accessing other services within CADS or Waitemata DHB. For example, you might be accessing cultural services if you are Maori, Pacific or Asian or you may be seeing a CADS counsellor.

If you are involved with another health provider, a specialist for example, it could be necessary to involve them too.

All of this will be discussed with you during the initial assessment. You will need to see the key worker at least:

- Weekly for the first three weeks,
- Then monthly for the first four months.

When you've reached an optimal dose of methadone and have achieved most or all of the stabilisation goals, a decision needs to be made about your on-going OST. (For more info see Information Sheet 5 *Ongoing Opioid Substitution Treatment.*)

Risks associated with stabilisation on methadone

International research shows that most deaths in methadone treatment occur in the first week of treatment. Usually this is a result of using additional central nervous system depressants such as benzodiazepines, opiates, and/or alcohol.

If you think you could be at risk, discuss this with your key worker and/or doctor. It may also be useful to refer back to Information Sheet 2 *Facts about Methadone* and see Information Sheet 4 *Accidental overdose.*



Need to know more?

If you need more information about first doses and the stabilisation phase of your treatment contact the AOTS nurse at your local CADS unit, or another member of your local AOTS team. For more information sheets, see CADS reception or visit the CADS website - www.cads.org.nz/More/Brochures.asp