

7. Clinical tests: blood, urine, etc.



Before you are admitted to opioid substitution treatment, and intermittently throughout treatment, you will be asked to do blood and urine tests, and possibly ECGs (heart tracings). This is the same whether you are in Shared Care with your GP or in the specialist service (AOTS).

Tests are done to ensure the service can treat you safely and effectively, which includes providing appropriate advice about your health. Tests are not intended as a form of meddling surveillance to detect noncompliance or 'misbehaviour' – rather tests are used as a therapeutic tool so AOTS can map your progress and response to treatment.

You will always be told why tests are required, and whether there are consequences for your treatment should you not do the test(s) when requested; AOTS may alter or stop treatment if there are safety concerns.

Urine tests

A urine drug screen is done before you are admitted to AOTS to support the diagnosis of opioid dependence and to ascertain the presence of any other substances. Urine drug screens are also performed intermittently during treatment; the service uses the results to help support you in your recovery.

Urine drug screens can be done on-site or you may need to attend a lab. On-site testing means you can get immediate results and feedback.

ECGs/Electrocardiograms

Methadone and other drugs can affect your heart (See Info Sheet 18: *Methadone and medication interactions*).

- You'll be asked to have an ECG before you start treatment if you are at risk, for instance, if you have a family history of heart problems.
- You may be asked to have an ECG if your methadone dose is at or over 100mg.
- Everyone whose dose is over 150mg is asked to have an annual ECG.

Blood tests

The types of blood tests AOTS may request include:

- liver and kidney checks – to ensure these organs are healthy and can handle the medications you are prescribed
- hepatitis and HIV tests – to see if you have these conditions, because treatment can be offered to you if you do
- blood counts, blood glucose levels or testosterone levels if it's thought they may be helpful for your health
- medication levels (e.g. benzodiazepines, methadone) – to see if your dose is OK and that your body is handling your medication as expected.

Methadone levels

Methadone, when it's administered daily at a steady dose, should be present in the blood in levels sufficient to maintain "normalcy" over a 24-hour period. That is, you shouldn't feel stoned or have withdrawal symptoms (abstinence syndrome) during that time.

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

However, people sometimes complain of problems: "My dose isn't holding me"; "I get sleepy at work"; or "I wake up feeling like I'm hanging out" – and there can be various reasons for this.

Blood (serum) level measurements can be some help if your response to your methadone isn't what would normally be expected with the dose you are receiving.

- Other reasons you may be required to do serum methadone level testing include:
- You are requesting an increase over 80mg of methadone early on in treatment.
- You are requesting a significant dose increase.
- There's a suspected drug interaction.
- The doctor is considering the need for and/or effectiveness of split dosing.
- You are pregnant (to check for changes in metabolism of methadone).
- There is concern about the accuracy of reported methadone consumption.

There are two types of serum methadone levels:

1. a peak level measures the highest amount of methadone in your blood. Typically, the blood level reaches a high point, or "peak," about 3 to 4 hours after taking your dose.
2. a trough level measures the lowest level of methadone in your blood. After the 3-4 hour peak, there's a gradual decline over the remainder of the 24-hour period to a low point or "trough" level.

Just as there's variation in how different people might react to the same dose of methadone there is also variation in the amount of active methadone between two people who have the same serum level; one will be comfortable while the other is not – so it's not really useful to compare your results to someone else's because everyone is different.

The serum level testing process

1. For 4 consecutive days you need to consume your methadone in front of the pharmacist at approximately the same time each day. The dispensing pharmacist is asked to inform AOTS if you don't turn up as not consuming at the same time each day can affect the results.
2. On the 5th day you go to the diagnostic laboratory **before** having your dose and have a blood sample taken. (If your veins are in a bad way making venous access difficult, capillary blood may be taken instead.) After the blood's taken, you go to the pharmacy and have that day's dose.
3. If the doctor wants to check your peak level as well you'll need to return to the lab 3-4 hours after consuming your dose to have another blood sample taken.

It takes about a week for AOTS to receive your results. Your key worker or doctor will then discuss the result with you.

You are of course entitled to know the results of any and all tests undertaken for AOTS. Let your key worker know if you would like to be informed of the results.

Need to know more?

If you need more information about clinical tests speak with your key worker or doctor. For more information sheets, see CADS reception or visit the CADS website - www.cads.org.nz/More/Brochures.asp