Pathway to Recovery in Outpatient Care

Medication

____ Naltrexone: Decreases cravings for opioids, alcohol and other substances. Causes adverse reaction if opioids are used.

- Side effects: Nausea, vomiting, headache, dizziness, muscle cramps, changes in appetite, anxiety, restlessness, or trouble sleeping
- Instructions: Take 25mg once daily for 1-2 days and if well tolerated increase to 50mg daily

____ Gabapentin: Decreases withdrawal symptoms, anxiety, and prevents seizures during alcohol or benzodiazepine withdrawal.

- Side effects: Dizziness, sedation, weight gain, decreased libido
- Instructions: Start with 300mg twice daily and increase as needed

____ Acamprosate: Decreases cravings for alcohol.

- Side effects: Diarrhea
- Instructions: Take 333mg 3 times daily

____Disulfuram: Causes adverse reaction if alcohol is consumed.

- Side effects: Drowsiness, headache, fatigue, acne, metallic aftertaste
- Instructions: Take 250mg or 500mg daily as instructed

____Other_____

Therapy

____Cognitive Behavioral Therapy

- Purpose: Learn new coping skills and adjust negative thought patterns that result in relapse

Therapist:_____

Support Group

____ Alcoholics Anonymous (AA.org): Spirituality based 12 step program for alcohol dependence

____ Narcotics Anonymous (NA.org): Spirituality based 12 step program for drug abuse

____SMART Recovery (SMART Recovery.org): Medical and therapy-based recovery program inclusive of all addictions

____Celebrate Recovery (CelebrateRecovery.com): Christian based 12 step-program inclusive of all types of addiction

____Other_____

How to use the Pathway to Recovery for Healthcare Providers in Outpatient Settings

FIRST ASSESS: *Is this patient ready to be sober? I have found being direct to be the best approach. Ask the patient, "Do you want to quit [drinking, using, etc]?"*

SECOND ASSESS: *Can this patient be treated outpatient? Or do they need to go inpatient to detox? Factors to consider are: What is the patient's preference? Do they have support at home? How did they achieve sobriety in the past? Are they experiencing moderate or severe withdrawal symptoms? Are they medically compromised? Do other psychiatric issues need to be stabilized while the patient detoxes (psychosis or mania)? Once the patient returns to your care after detox be sure the patient is on relapse prevention medication as appropriate.*

If outpatient is appropriate, start by explaining to that the steps to sobriety are like a tripod.

When all 3 legs are on the ground, it's very sturdy. When you engage in all 3 recommendations your sobriety will be sturdy.

Your role: Select the most appropriate pharmacological treatment for the patient, recommend a therapist that specializes in substance abuse, and help the patient choose a support group. They can locate groups very easily on the support group's website.

I have never had a patient who took the recommended medications, attended therapy, and attended a support group regularly that was unsuccessful. It just doesn't happen! Convey this confidence to your patient! "If you do these three things you WILL succeed." Every patient who relapses tells me the same story. They stopped one of the legs (medication, therapy, or support groups) and that's when the relapse happened. Emphasize the need for accountability and support!

Abused Substance	Typical Med Regimen for Sobriety
Alcohol	Naltrexone 50mg daily OR acamprosate 333mg TID – cravings and relapse prevention Gabapentin 300mg BID– decrease withdrawal symptoms, anxiety, and cravings Disulfuram 250-500mg qday- safety net to prevent relapse
Benzodiazepines	Will provide a more detailed guidelines for benzodiazepines
Opioids/Heroin	Naltrexone 50mg qday for cravings and relapse prevention OR Vivitrol q28 days Clonidine 0.1mg QID prn -withdrawal symptoms
Cocaine	Topirimate (dose unspecified)– relapse prevention (limited evidence) *I have seen good results starting at 25mg qday and titrating up to 50mg BID over 4 weeks* Disulfuram 250mg or 500mg qday – relapse prevention (limited evidence)
Marijuana	No medications have been studied

Don't forget to assess for an underlying psychiatric disorder and stabilize this as well. For example, patients with bipolar disorder often relapse during manic or depressive episodes and anxious or depressed patients may use substances to self-medicate. Dig to uncover what the patient is seeking or covering with substance use. Sometimes the patient may have solely an addiction, but often there is a comorbid psychiatric disorder.