

Methadone CMS PCR Generic Aide Memoire

Concordance	<p><i>Methadone is a long acting opioid which is used in the management of opioid dependence. Methadone oral solution 1mg/ml is usually initiated in a dose range of 10-30mg daily. Doses are then usually titrated weekly up to maintenance range of between 60 and 120mg a day.</i></p> <p><i>The risk factors for overdose during induction are:</i></p> <ul style="list-style-type: none"> • <i>Low opioid tolerance</i> • <i>Use of CNS depressant drugs including alcohol</i> • <i>Too high initial dose</i> • <i>Increases in dose that are too rapid</i> • <i>Slow methadone clearance</i> <p><i>Risks can be minimised by careful assessment, avoiding high starting dose and rapid increases, frequent monitoring, supervised consumption and educating patients and carers of the early signs of overdose.</i></p> <p><i>After three days without their regular prescribed methadone dose, patients may have lost their tolerance and may be at risk of overdose if the usual dose is taken.</i></p> <ul style="list-style-type: none"> • <i>If a patient on daily pick up misses one dose then presents at the pharmacy on the following day the usual daily dose may be given.</i> • <i>If two doses are missed then the following day the daily dose may be supplied but report to the key worker/prescriber.</i> • <i>If three doses are missed then the following day withhold the dose and contact the prescriber for advice.</i> • <i>A missed daily dose should never be supplied.</i> • <i>Where a patient regularly misses occasional doses the keyworker/prescriber should be notified as this may indicate the patient is not stable on their current treatment plan.</i>
<p>Is the patient taking their medicine(s) as prescribed?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the patient know what to do if they miss a dose?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Actions:</p> <ul style="list-style-type: none"> • Check the patient’s understanding of how and when to take their methadone using the methadone booklet as a prompt for counselling the patient: <ul style="list-style-type: none"> ○ Advise the patient to take their methadone at the same time each day. ○ Discuss when would be most convenient for the patient and the pharmacy. (Service should be available during all opening hours.) ○ For new patients complete the treatment agreement. ○ Advise the patient on what to do if they miss a dose. ○ Advise the patient on the safe storage of methadone • Record any care issues in the patient’s care plan and agree desired outcomes and actions.

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Interactions & precautions	<p><i>Methadone is generally well tolerated but the main drug interactions are associated with CNS depressants and liver metabolism. Used in combination with:</i></p> <ul style="list-style-type: none"> • <i>Benzodiazepines may cause enhanced sedative effects</i> • <i>Alcohol may alter metabolism and increase CNS depression</i> • <i>Other opioids will produce additive effects</i> • <i>Antidepressants may cause enhanced sedation. SSRIs may raise methadone levels. Citalopram and escitalopram are contraindicated due to risk of prolonged QTc</i> • <i>Antiepileptics, carbamazepine and phenobarbital reduce plasma concentration and phenytoin accelerates the metabolism of methadone. An increase in dose may be required on initiation of these medicines.</i> • <i>Antipsychotics and other medicines which prolong the QTc should be used with caution</i> • <i>Antiretrovirals can alter the metabolism of methadone</i> • <i>Ciprofloxacin may lead to sedation, confusion and respiratory depression</i> • <i>Rifampicin and reduce plasma levels and increase excretion</i> <p><i>Consider OTC products such as codeine containing analgesics that should be avoided.</i></p> <p><i>Breastfeeding is not a contra-indication during methadone treatment. Refer to national & local guidelines.</i></p>
<p>Is the patient aware of drug interactions including those with OTC medicines?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Action:</p> <ul style="list-style-type: none"> • Discuss concerns regarding interactions of any newly prescribed medicines with the prescriber. • Advise the patient to always check with their pharmacist that any new OTC medicine is safe to take with methadone. • Record any care issues in the patient's care plan and agree desired outcomes and actions.
Side Effects	<p><i>There are few side effects with methadone and most can be managed with support and advice</i></p> <ul style="list-style-type: none"> • <i>Some patients perspire more particularly around the face but this usually gets better with time.</i> • <i>Constipation can occur.</i> • <i>Dry mouth can occur.</i>
<p>Is the patient aware of the common side effects of their medicine(s)?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Actions:</p> <ul style="list-style-type: none"> • Check the patient's understanding of the side effects of methadone. • If excessive perspiration is a problem, provide reassurance that it may be transient. If it persists report to keyworker/prescriber. • If constipation is a problem, advise on fluid intake and dietary fruit and fibre. • Promote good oral hygiene, especially if dry mouth is a problem. • For a patient with more severe side effects contact their keyworker/prescriber. • Record any care issues in the patient's care plan and agree desired outcomes and actions.

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Toxicity	
<p>Is the patient aware of the signs of toxicity?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Does the patient know what to do if they experience any signs of toxicity?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><i>The use of other substances in combination with methadone increases the risk of toxicity and overdose. The use of methadone with alcohol and/or benzodiazepines and/or heroin can be fatal!</i></p> <p><i>Signs and symptoms of opioid overdose include:</i></p> <ul style="list-style-type: none"> • <i>Pinpoint pupils</i> • <i>Unrousable</i> • <i>Pale skin and blue lips</i> • <i>Shallow breathing/slow breathing</i> • <i>Snoring breaths/rasping breaths</i> <p>Actions:</p> <ul style="list-style-type: none"> • Check the patient’s understanding of the signs of opiate overdose using the naloxone leaflet. • Check if the patient has received overdose prevention training and is aware of the naloxone programme. If not then give naloxone leaflet and refer to Signpost Recovery. • Check if the patient understands the risks of using alcohol or other illicit substances with methadone. • If the patient is showing signs of toxicity or intoxication withhold the methadone. Where appropriate ask the patient to return after 3 or 4 hours and reassess. It may be more appropriate to ask the patient to return first thing the following morning for reassessment. Contact the keyworker/prescriber regarding the incident. • Immediately refer a patient suffering from signs of significant toxicity to their keyworker/prescriber, contacting their keyworker/prescriber to alert them. • When the patient reports adverse drug reactions, record using the MHRA Yellow Card Reporting Scheme. • Record any care issues in the patient’s care plan and agree desired outcomes and actions.

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Monitoring	<p><i>A treatment agreement should be completed at the start of treatment and the terms should be regularly monitored by all parties.</i></p> <p><i>A treatment plan will be determined for each patient during the first month of treatment and reviewed on a three monthly basis. The keyworker should contact the community pharmacist to inform the progress review and treatment plan every three months.</i></p>
<p>Is the appropriate monitoring being carried out? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Actions:</p> <ul style="list-style-type: none"> • Consider patient and pharmacy aspects of the treatment agreement and discuss any issues. • Review episodes of missed doses, intoxication or concerns and ensure care plan is updated. • Discuss any issues with the keyworker as part of the three monthly review. • Record care issues in the patient's care plan and agree desired outcome and actions.
Summary	<p>Actions:</p> <ul style="list-style-type: none"> • Any pharmaceutical care issues, desired outcomes and actions to resolve the issues should be agreed with the patient and recorded in their care plan.
<p>Please annotate any pharmaceutical care issues of note?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Concordance <input type="checkbox"/> Adverse reactions <input type="checkbox"/> Interactions <input type="checkbox"/> Monitoring 	<ul style="list-style-type: none"> • At each future dispensing: <ul style="list-style-type: none"> ○ Check for monitoring and signs of toxicity. ○ Review and update any outstanding care issues in the care plan if appropriate.