

## A1.4 Methadone versus buprenorphine

### GRADE evidence profile

<b>Author(s):</b>	Amato L, Minozzi S
<b>Date:</b>	22 March 2006
<b>Question:</b>	Should buprenorphine maintenance flexible doses versus methadone maintenance flexible doses be used for opioid maintenance treatment?
<b>Patient or population:</b>	Opiate dependents
<b>Settings:</b>	Outpatient
<b>Systematic review:</b>	Mattick RP et al. <i>Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence</i> (2008, in press). <sup>1105]</sup>

Quality assessment						Summary of findings				Quality	Importance
No. studies	Design	Limitations	Consistency	Directness	Other considerations	Buprenorphine maintenance flexible doses	Methadone maintenance flexible doses	Relative risk (RR) (95% CI)	Absolute risk (AR) (95% CI)		
<b>Retention in treatment flexible doses buprenorphine versus flexible doses methadone</b> <sup>[205, 206, 68, 207, 125, 208, 209]</sup> (objective follow-up: 6–48 weeks <sup>a</sup> )											
7 <sup>a</sup>	Randomized trials	No limitations <sup>b</sup>	No important inconsistency	No uncertainty	None	255/484 (52.7%)	310/492 (63.0%)	RR 0.82 <sup>c</sup> (0.72 to 0.94)	130/1 000 (220 less to 40 less)	⊕⊕⊕⊕ High	7
<b>Use of opiate during the treatment</b> <sup>g</sup> [210, 205, 207, 125, 208, 209] (better indicated by: lower scores)											
6 <sup>e</sup>	Randomized trials	No limitations <sup>f</sup>	No important inconsistency	No uncertainty	None	411	426	—	SMD -0.12 (-0.26 to +0.02)	⊕⊕⊕⊕ High	7
<b>Use of cocaine during the treatment</b> <sup>g</sup> [210, 205, 207, 208, 209] (better indicated by: lower scores)											
5 <sup>b</sup>	Randomized trials	No limitations <sup>f</sup>	No important inconsistency	No uncertainty	None	384	395	—	SMD 0.11 (-0.03 to +0.25)	⊕⊕⊕⊕ High	5
<b>Use of benzodiazepine during the treatment</b> <sup>g</sup> [210, 207, 208, 209] (better indicated by: lower scores)											
4 <sup>i</sup>	Randomized trials	No limitations <sup>f</sup>	No important inconsistency	No uncertainty	None	329	340	—	SMD 0.11 (-0.04 to +0.26)	⊕⊕⊕⊕ High	4
<b>Criminal behaviour</b> <sup>[207]</sup> (better indicated by: lower scores)											
1 <sup>j</sup>	Randomized trials	No limitations <sup>m</sup>	No important inconsistency	No uncertainty	Imprecise or sparse data (-1) <sup>n</sup>	95	117	—	SMD -0.14 (-0.41 to +0.14)	⊕⊕⊕○ Moderate	6

<sup>a</sup> All outpatient, country of origin: three United States, one Austria, one Switzerland, one Australia, one United Kingdom.

<sup>b</sup> Two studies with adequate allocation concealment, for the others five not described; 5/7 double blind.

<sup>c</sup> Random effect model.

<sup>d</sup> Length of treatment.

<sup>e</sup> All outpatient, country of origin: three United States, one Austria, one Australia, one Switzerland.

<sup>f</sup> 5/6 double blind; one adequate allocation concealment, five not stated.

<sup>g</sup> Data based on urinalysis.

<sup>h</sup> All outpatient, country of origin: three United States, one Austria, one Australia.

<sup>i</sup> 4/5 double blind; one adequate allocation concealment, five not stated.

<sup>j</sup> All outpatient, country of origin: two United States, one Austria, one Australia.

<sup>k</sup> 3/4 double blind; one adequate allocation concealment, five not stated.

<sup>l</sup> Outpatient, conducted in Australia.

<sup>m</sup> Double blind, adequate allocation concealment.

<sup>n</sup> Only one study with the results not statistically significant.

## GRADE evidence profile

<b>Author(s):</b>	Amato L, Minozzi S
<b>Date:</b>	23 March 2006
<b>Question:</b>	Should buprenorphine maintenance moderate doses (6–12 mg/day) versus methadone maintenance moderate doses (50–80 mg/day) be used for opioid dependence?
<b>Patient or population:</b>	Opiate dependents
<b>Settings:</b>	Outpatient
<b>Systematic review:</b>	Mattick RP et al. <i>Buprenorphine maintenance versus placebo or methadone maintenance for opioid dependence</i> (2008, in press) <sup>1051</sup> .

Quality assessment						Summary of findings					
No. studies	Design	Limitations	Consistency	Directness	Other considerations	No of patients		Effect		Quality	Importance
						Buprenorphine maintenance high doses (6–12 mg/day)	Methadone maintenance high doses (50–80 mg/day)	Relative risk (RR) (95% CI)	Absolute risk (AR) (95% CI)		
<b>Retention in treatment</b> <sup>[205, 206, 68, 207, 125, 208, 209]</sup> (follow-up: 17–52 weeks <sup>a</sup> )											
7 <sup>a</sup>	Randomized trials	No limitations <sup>b</sup>	Important inconsistency (–1) <sup>c</sup>	No uncertainty	None	158/356 (44.4%)	199/352 (56.5%)	RR 0.79 <sup>d</sup> (0.64 to 0.99)	120/1000 (230 less to 10 less)	⊕⊕⊕○	7
<b>Use of opiates</b> <sup>[1210, 205, 207, 125, 208, 209]</sup> (better indicated by: lower scores)											
3 <sup>f</sup>	Randomized trials	No limitations <sup>b</sup>	No important inconsistency	No uncertainty	Imprecise or sparse data (–1)	157	157	—	SMD 0.27 (0.05 to 0.50)	⊕⊕⊕○	7
<b>Use of cocaine</b> <sup>[1210, 205, 207, 208, 209]</sup> (better indicated by: lower scores)											
1 <sup>f</sup>	Randomized trials	No limitations <sup>b</sup>	No important inconsistency	No uncertainty	Very imprecise or sparse data (–2) <sup>g</sup>	29	28	—	SMD 0.22 (–0.30 to 0.74)	⊕⊕○○	5

- <sup>a</sup> All outpatient, six conducted in the United States, one in Italy.  
<sup>b</sup> All double blind, one adequate allocation concealment, the others not described.  
<sup>c</sup> High heterogeneity  $P = 0.04$   
<sup>d</sup> Random effect model.  
<sup>e</sup> Length of treatment.  
<sup>f</sup> All outpatient and all conducted in the United States.  
<sup>g</sup> Based on urinalysis.  
<sup>h</sup> Three double blind, one with adequate allocation concealment, the others not stated.  
<sup>i</sup> Outpatient, conducted in the United States.  
<sup>j</sup> Double blind, allocation concealment not stated.  
<sup>k</sup> Only one study, few patients, result not statistically significant.