

## A1.6 Tapered methadone versus alpha2 adrenergic agonists for withdrawal from opioids

### GRADE evidence profile

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<b>Date:</b>	02/02/2006
<b>Question:</b>	Should tapered methadone versus alpha2 adrenergic agonists be used in opioid users?
<b>Patient or population:</b>	any opioid-dependent patients wishing to withdraw from opioids
<b>Settings:</b>	Inpatient or outpatient
<b>Systematic review:</b>	Gowing L; <i>Alpha-2 adrenergic agonists for the management of opioid withdrawal</i> (CLIB 4, 2004) <sup>[222]</sup> ; Amato et al.; <i>Methadone at tapered doses for the management of opioid withdrawal</i> (CLIB 3, 2005) <sup>[222]</sup> .

Quality assessment						Summary of findings				Quality	Importance
No. studies	Design	Limitations	Consistency	Directness	Other considerations	No of patients		Effect			
						Tapered methadone	Alpha2 adrenergic agonists	Relative risk (RR) (95% CI)	Absolute risk (AR) (95% CI)		
<b>completion of treatment</b> <sup>[215, 216, 217, 218, 219, 220, 221]</sup> (Objective follow-up: max 30 days <sup>a</sup> )											
7 <sup>a</sup>	Randomized trials	No limitations <sup>b</sup>	Important inconsistency (-1) <sup>c</sup>	No uncertainty	None	168/251 (66,9%)	192/326 (58,9%)	RR 1.09 <sup>d</sup> (0.90 to 1.32)	60/1 000 more (60 less to 180 more)	⊕⊕⊕○	7 Moderate
<b>relapsed at 6 months follow-up (intention to treat (ITT) analysis)</b> <sup>[217]</sup> (objective follow-up: 6 months)											
1 <sup>a</sup>	Randomized trials	No limitations <sup>b</sup>	No important inconsistency	No uncertainty	Imprecise or sparse data (-2) <sup>i</sup>	11/25 (44%)	10/24 (41,7%)	RR 1.06 <sup>j</sup> (0.55 to 2.02)	20/1 000 more (250 less to 300 more)	⊕⊕○○	5 Low

<sup>a</sup> 5/7 studies were conducted in inpatient setting, 2 in outpatient; Country of origin: USA (3), United Kingdom (2), Spain (2). There are two more studies that considered this outcome but they are observational studies, this is the reason why they have been excluded from the meta-analysis

<sup>b</sup> 2/7 studies with adequate allocation concealment, 5/7 method unclear; all double blind

<sup>c</sup> Significant heterogeneity:  $p = 0.0045$  and no statistical significant results

<sup>d</sup> Random effect model

<sup>e</sup> Length of treatment

<sup>f</sup> The quality of reporting was very poor for this outcome. The way to report the results was very heterogeneous and prevented to pool the results in the meta-analysis. Four out of seven studies showed that alpha2 adrenergic agonists have an hypotensive effect more than methadone

<sup>g</sup> The study was conducted in USA in outpatient setting

<sup>h</sup> Double blind, unclear allocation concealment

<sup>i</sup> Only 1 study with few participants (49)

<sup>j</sup> Fixed effect model