A1.7 Medications for opioid withdrawal

GRADE evidence profile

Author(s): Amato L
Date: 02/02/2006 16.01.56
Question: Should tapered methadone versus tapered buprenorphine be used in all opioid-dependent patients?
Patient or population: opioid users
Settings: outpatient or inpatient
Systematic review: Gowing et al.; *Buprenorphine for the management of opioid withdrawal* (CLIB 2, 2006)[159]; Amato et al.; *Methadone at tapered doses for the management of opioid withdrawal* (CLIB 3, 2005)[224].

Quality assessment						Summary of findings					
						No of patients		Effect		Quality	Importance
No. studies	Design	Limitations	Consistency	Directness	Other considerations	Tapered methadone	Tapered buprenorphine	Relative risk (RR) (95% CI)	Absolute risk (AR) (95% CI)		
Completion of treatment[223, 220] (Objective follow-up: 14 to 30 days[h])											
2[a]	Randomized trials	No limitations[b]	No important inconsistency	No uncertainty	Imprecise or sparse data (-2)[d]	21/30 (70%)	26/33 (78,8%)	RR 0.88[c] (0.67 to 1.15)	100/1 000 less (290 less to 100 more)	⊕⊕○○ Low	7
Side effects[223] (variations in systolic blood pressure Range: to . Better indicated by: lower scores)											
1[e]	Randomized trials	No limitations[f]	No important inconsistency	No uncertainty	Imprecise or sparse data (-2)[g]	18	19	-	WMD -5.1 (-14 to 5.3)	⊕⊕○○ Low	5

[a] Both studies were conducted in inpatient setting; Country of origin: Germany (1), USA (1)
[b] 2/2 allocation concealment unclear, both double blind
[c] Random effect model
[d] Few patients (63)
[e] The study was conducted in USA with an inpatient setting
[f] Double blinded, allocation concealment unclear
[g] Only 1 study with few participants (39)
[h] Length of treatment

GRADE evidence profile

Author(s): Amato
Date: 13/09/2007
Question: Should tapered buprenorphine versus alpha-2 adrenergic agonists be used for opioid withdrawal?
Patient or population: Opiate addicts
Settings: Outpatient and Inpatient
Systematic review: Gowing L et al.; *Buprenorphine for the management of opioid withdrawal* (CLIB 2, 2006)[159].

Quality assessment						Summary of findings					
						No of patients		Effect		Quality	Importance
No. studies	Design	Limitations	Consistency	Directness	Other considerations	Buprenorphine	Alpha-2 adrenergic agonists	Relative risk (RR) (95% CI)	Absolute risk (AR) (95% CI)		
Completion of treatment[163, 226, 227, 228, 229, 230, 231] (Objective follow-up)											
8[a]	Randomized trials[b]	No limitations	Important inconsistency (-1)[f]	No uncertainty	None	271/349 (77,7%)	151/304 (49,7%)	RR 1.53[e] (1.18 to 1.99)	300/1 000 more (140 to 410)	⊕⊕⊕○ Moderate	7
Adverse effects (Objective follow-up)											
3[c]	Randomized trials[d]	No limitations	No important inconsistency	No uncertainty	None	60/292 (20,5%)	51/166 (30,7%)	RR 0.95[e] (0.77 to 1.17)	100/1 000 less (60 less to 50 more)	⊕⊕⊕⊕ High	3
Withdrawal scores (peak objective withdrawal score)											
3[c]	Randomized trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)	133	133	-	SMD -0.61[h] (-0.86 to -0.36)	⊕⊕⊕○ Moderate	6
Withdrawal scores (overall participant completed score)											
2[g]	Randomized trials	No limitations	No important inconsistency	No uncertainty	None	287	165	-	SMD -0.59[8](-0.79 to -0.39)	⊕⊕⊕⊕ High	5

[a] 10 studies, all outpatient, 7 conducted in USA, 1 in Australia, 1 in India and 1 in Italy
[b] For the allocation concealment, 3 rated as a, 6 b, and 1 c
[c] 3 studies, 1 conducted in Australia and 2 in USA
[d] 2 RCTs 1 rated a and 1 b
[e] random effect model
[f] significant heterogeneity
[g] 2 studies, one conducted in the US, one in Australia
[h] fixed effect model