

A1.8 Should antagonists with minimal sedation be used for opioid withdrawal?

GRADE evidence profile

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Question: Should opioid antagonists with minimal sedation be used for opioid withdrawal?
Patient or population: opioid dependents undergoing managed withdrawal
Settings: Inpatient
Systematic review: Gowing L et al.; *Opioid antagonists with minimal sedation for opioid withdrawal* (CLIB 1, 2006)¹⁶⁰.

Quality assessment						Summary of findings					
No. studies	Design	Limitations	Consistency	Directness	Other considerations	No of patients		Effect		Quality	Importance
						Opioid antagonists with minimal sedation	Control	Relative risk (RR) (95% CI)	Absolute risk (AR) (95% CI)		
Completion of treatment ^{232, 233, 234, 231} (Objective follow-up: 3-6 days ^a)											
4 ^a	Randomized trials	No limitations ^b	Important inconsistency (-1) ^c	No uncertainty	None	198/231 (85,7%)	118/163 (72,4%)	RR 1.26 ^d (0.80 to 2.00)	70/1 000 (40 less to 180 more)	⊕⊕⊕○	7
Severity and duration of withdrawal symptoms ^{235, 236, 237, 231} (Subjective and objective follow-up)											
4 ^a	Randomized trials	Serious limitations (-1) ^{b, f}	No important inconsistency ^g	No uncertainty	High probability of reporting bias (- 1) ^g	-	-	Unable to compare scales	-	⊕⊕○○	5
Side effects ^{235, 237} (Subjective follow-up: 3-6 days ^a)											
2 ^b	Observational studies ^a	No limitations ⁱ	No important inconsistency	No uncertainty	Imprecise or sparse data (-1) ^j High probability of reporting bias (- 1) ^{k, l}	6/94 (6,4%)	1/80 (1,2%)	RR 3.71 ^d (0.65 to 21.32)	50/1 000 more (10 less to 110 more)	⊕○○○	8
Patients who have relapsed at follow-up ²³⁴ (Subjective follow-up: 6 months)											
1 ^k	Randomized trials	No limitations ⁱ	No important inconsistency	Some uncertainty (-1) ^m	Imprecise or sparse data (-1) ^m	15/32 (46,9%)	18/32 (56,2%)	RR 0.83 (0.52 to 1.35)	100/1 000 less (2700 less to 100 more)	⊕⊕○○	5

^a Country of origin of the studies: Italy (2), United Kingdom (1) and USA (1); 3 studies were conducted in an outpatient setting, 1 inpatient

^b 3/4 the allocation concealment was unclear, and in 1/4 inadequate; 2 double blind, 2 no information on blindness

^c Statistically significant heterogeneity

^d Random effect model

^e Length of treatment

^f In addition, there are major differences in treatment schedules and the type of additional therapy

^g Measured on the basis of subjective symptoms using different scales preventing the possibility of pooling data

^h 2 controlled prospective trial, both conducted in USA and in outpatient setting

ⁱ Allocation concealment unclear in 1 study and inadequate in the other

^j The RR is greater than 3

^k The study was conducted in Italy in outpatient setting

^l Unclear allocation concealment, no information on blindness

^m only 1 study, few participants (98) and conducted in outpatient setting

ⁿ Observational studies