

Conversion of CII Opioid Medications to Buprenorphine in the Chronic Pain Population - Insights and Clinical Pearls

Amanda Zimmerman, PA-C

PRESENTATION INFO

Keywords:
CII
buprenorphine
conversion
rotation
titration
chronic pain
clinical

DOI:10.5055/bupe.24.rpj.1060
© 2024 Journal of Opioid Management,
All Rights Reserved

ABSTRACT

Background: There is a great deal of confusion associated with conversion from CII opioid to buprenorphine products. The data presented supports that patients can be converted from high dose opioid medication to buprenorphine products safely and effectively. This presentation will provide a road map to help guide practitioners who are interested in applying this to their clinical practice.

Purpose/hypothesis: The purpose of the research was not only to discover if conversion to a partial agonist CIII medication from full agonist CII medications would be achievable without sacrificing analgesia, but also to provide guidance to providers who are interested in pursuing this option in clinical practice.

Procedures/data/observations: Patients who met inclusion criteria were stratified into subgroups on the basis of pre-conversion morphine milligram equivalents, whether they remained on opioids for breakthrough pain postconversion, and pre- and postconversion numerical rating scale pain scores. Outcomes of interest included the differences between pre- and postconversion numerical rating scale pain scores and daily morphine milligram equivalents for each subgroup. Of 157 patients reviewed, 87.9% were successfully converted to buprenorphine buccal film. Overall, numerical rating scale pain scores were stable after conversion. Statistically significant reductions were demonstrated in the <90 daily morphine milligram equivalent subgroup. Postconversion daily morphine milligram equivalents decreased by 85.4% from baseline. Change in daily morphine milligram equivalents is representative of patients who remained on breakthrough pain medication.

Conclusions/applications: Results demonstrate continued analgesia after conversion to buprenorphine buccal film despite reductions in daily morphine milligram equivalents. Most patients were able to convert directly from their long-acting opioid to buprenorphine buccal film and stabilized without the use of concomitant opioids for breakthrough pain. Aggressive titration strategies were associated with greater success. This data proves that conversion from full agonist CII medications is possible without sacrificing analgesia while reducing the risk of adverse events associated with full agonist CII medications.

Presentation link: <https://bupe2021.com/10-5055-bupe-24-rp-1060/>

Conversion of CII Opioid Medications to Buprenorphine in the chronic pain population

Insights and Clinical Pearls

Amanda Zimmerman, PA-C
West Forsyth Pain Management
Winston Salem, NC

