

# Mindful Continuing Education

## Medication-Assisted Treatment of Opioid Disorder

**1. Opioids are powerful drugs that can slow down the actions of the body such as breathing and heartbeat, can affect the brain to increase pleasant feelings, and can cause tolerance and dependence.**

- A. True
  - B. False
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**2. Opioid addiction is classified as an acute disease because it can be managed so that the individual can maintain a healthy, productive, and drug-free life.**

- A. True
  - B. False
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**3. The most common medications used in treatment of opioid addiction are methadone and naltrexone, although buprenorphine can also be used, particularly to prevent relapse.**

- A. True
  - B. False
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**4. Which of the following is an accurate statement about the introduction of medication to treat opioid disorder?**

- A. Taking buprenorphine or methadone too soon can make withdrawal worse
  - B. Naltrexone can be taken once withdrawal has begun
  - C. Methadone can be safely taken at the start of recovery
  - D. Buprenorphine cannot be taken until opioids are completely out of the body, usually 4 to 7 days after withdrawal begins
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## Checklist for Prescribing Medication for the Treatment of Opioid Use Disorder

**5. For persons diagnosed with an opioid use disorder, the severity of patient's substance use disorder, any underlying or co-occurring diseases or conditions, the effect of opioid use on the patient's physical and psychological functioning, and the outcomes of past treatment episodes must all be determined before prescribing medication.**

- A. True
  - B. False
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**6. Each of the following is an accurate statement about precautions that must be considered by professionals who are considering medication treatment for opioid addiction EXCEPT:**

- A. Patients should be educated about the effects of using opioids and other drugs while taking the prescribed medication and the potential for overdose if opioid use is resumed after tolerance is lost
  - B. A circumscribed treatment approach must be incorporated to meet the substance use, medical and mental health, and social needs of a patient
  - C. Patients must be referred to more intensive or specialized services if office-based treatment with buprenorphine or naltrexone is not effective or the clinician does not have the resources to meet a particular patient's needs
  - D. All medications for the treatment of the opioid use disorder should be prescribed as part of a comprehensive plan that includes counseling and other psychosocial therapies, as well as social support
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## **Pharmacologic Category**

**7. While naltrexone is an opioid antagonist that displaces opioids from receptors to which they have bound, buprenorphine is a partial agonist that relieves withdrawal symptoms resulting from cessation of opioids.**

- A. True
  - B. False
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**8. Contraindications and warnings associated with methadone use include:**

- A. It is contraindicated in patients with respiratory depression and in patients with acute bronchial asthma or hypercarbia
  - B. Methadone should be used with caution in elderly and debilitated patients, patients with head injury or increased intracranial pressure, and patients who are known to be sensitive to central nervous system depressants
  - C. The methadone label includes a warning about somnolence that may preclude driving or operating equipment
  - D. All of the above
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