7.5 No harm and some benefit in letting methadone patients choose their dose

Findings Methadone maintenance patients allowed to set their own doses do not escalate to excessive levels and there may be improved patient-therapist relationships and reduced illicit drug use.

A US clinic decided to waive the requirement for a doctor's approval for doses of 100mg or more a day. Instead, patients decided their own doses with no upper limit. Other fairly stringent anti-diversion features were retained including monthly urine tests checking whether the methadone had been taken and random recall to check that patients still had their take-home doses. As before, increases were limited to 5mg maintained for at least four days.

LINKS Nugget 5.9

About half the monthly caseload were in treatment for at least six months before the change and for 16 months afterwards. Three-quarters of these 57 patients were long-term, stable and compliant enough to have progressed to infrequent attendance requirements and very few of their urine tests were positive for illicit drugs. After the change there was a significant drop from 5.3% to 1.6% opiate positive tests. Discharge rates and retention were unaffected. No patient failed to show possession of take-home doses and enforcement services recorded no methadone diversion. The average dose increased only very slightly from 77mg to 80mg, partly due to the one or two patients who for a short time tried doses of up to 300mg. Nearly 90% made do with doses of 100mg or less. Within the whole caseload (inside and outside the study, including less compliant and shorter-term patients) just one other patient increased their dose to 300mg and there remained no evidence of diversion.

In context Studies to date show that patient self-regulation of dose leads to better outcomes than doctor-regulated inflexible regimes or regimes with a bias towards minimising doses. But when doctors operate flexible regimes which focus on reducing illicit use and improving client functioning, these usually do as well as patient self-regulation. Allowing patients to set their doses does not lead to excessive levels, retention and outcomes do not suffer, and patient satisfaction and client-staff relations may improve. The featured study is the third to find reduced illicit drug use. However, studied regimes have limited dose increases to small steps several days apart and patients have been closely monitored to ensure that methadone is neither hoarded nor sold, removing incentives to up the dose beyond the individual's daily needs. Usually an upper limit has been set and above a certain point take-home doses have been withdrawn, a disincentive to go beyond this point. What the featured study shows is that when the other controls are in place and for stable patients, upper limits can safely be waived and (together with other studies) that there is no need to bar take-home doses beyond a certain level.

Practice implications So long as measures are in place to minimise overdose risk and to prevent methadone being sold, allowing stabilised patients to regulate their dose in consultation with staff does not lead to excessive doses, eliminates a potential source of friction between patients and staff, and improves outcomes compared to less flexible regimes. An added potential benefit is that patients are insulated from changes in clinic policies which might otherwise lead to disruptive fluctuations in dose. The key factor is *flexibility* of dosing in response to the patient's needs and reactions to the current dose. Whether this flexibility is in the hands of the doctor or the patient is less important. If the latter, medical staff must still step in if the patient is acting against their interests. With careful monitoring and limits on how quickly doses can be changed, this will rarely be needed. Lingering concerns over self-regulation can be addressed by setting a limit (eg, 120mg) beyond which the decision reverts to staff and/or physical indicators of need (low blood levels of methadone, withdrawal symptoms) are required. Such a regime would almost certainly improve outcomes at British methadone services which generally under-prescribe in relation to national and international guidelines.

Featured studies Robles E. *et al*. "Implementation of a clinic policy of client-regulated methadone dosing." *Journal of Substance Abuse Treatment*: 2001, 20, p. 225–230. Copies: apply DrugScope.

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