

OPIATEST

L'outil d'autoévaluation des traitements agonistes opioïdes (TAO)

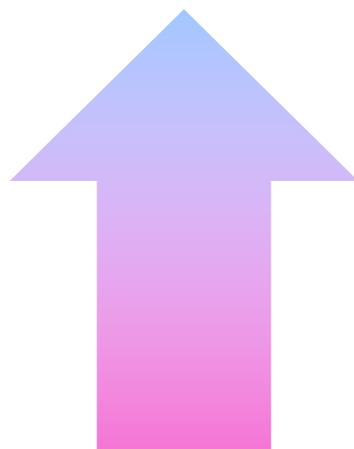


Eric Potier

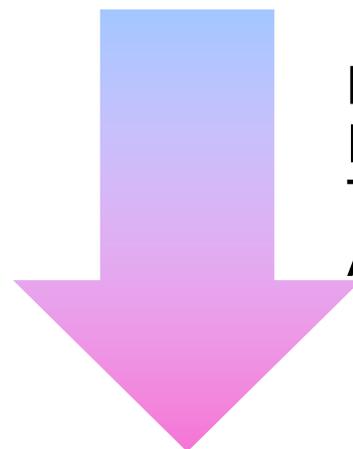
Infirmier

Service d'addictologie
Hôpitaux Universitaires de Genève

Traitements agonistes opiacés (TAO)



Intégration sociale
Santé physique
Santé mentale



Mortalité
Fréq. des injections
Transmission du VIH
Activités criminelles

La bonne dose ?



> 60 mg / jour
(80-120 mg / jour)



7-15 mg / jour



> 360 mg / jour
(480-720 mg / jour)

rapport 1:6 du dosage de méthadone
rapport 1:8 possible

La bonne dose ?

When “Enough” Is Not Enough: New Perspectives on Optimal Methadone Maintenance Dose

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Abstract

Some methadone maintenance treatment (MMT) programs prescribe inadequate daily methadone doses. Patients complain of withdrawal symptoms and continue illicit opioid use, yet practitioners are reluctant to increase doses above certain arbitrary thresholds.

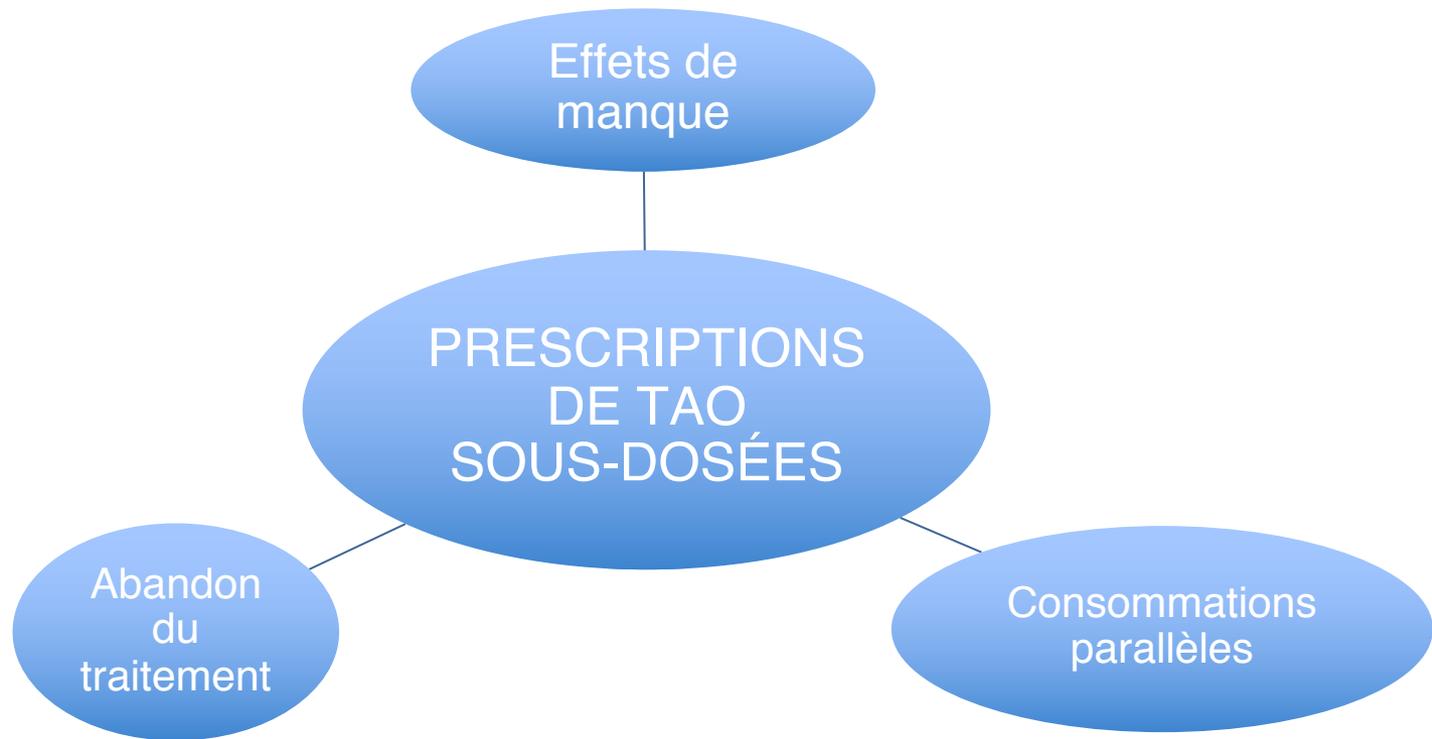
Serum methadone levels (SMLs) may guide practitioners' dosing decisions, especially for those patients who have low SMLs despite higher methadone doses. Such variation is due in part to the complexities of methadone metabolism. The medication itself is a racemic (50:50) mixture of 2 enantiomers: an active “R” form and an essentially inactive “S” form. Methadone is metabolized primarily in the liver, by up to five cytochrome P450 isoforms, and individual differences in enzyme activity help explain wide ranges of active R-enantiomer concentrations in patients given identical doses of racemic methadone.

Most clinical research studies have used methadone doses of less than 100 mg/day [d] and have not reported corresponding SMLs. New research suggests that doses ranging from 120 mg/d to more than 700 mg/d, with correspondingly higher SMLs, may be optimal for many patients.

Each patient presents a unique clinical challenge, and there is no way of prescribing a single best methadone dose to achieve a specific blood level as a “gold standard” for all patients. Clinical signs and patient-reported symptoms of abstinence syndrome, and continuing illicit opioid use, are effective indicators of dose inadequacy. There does not appear to be a maximum daily dose limit when determining what is adequately “enough” methadone in MMT.

Key Words: Methadone, therapeutic dose, serum methadone levels, pharmacokinetics, metabolism, clinical implications.

Une prescription sous-dosée ?



Et chez nous ?

27,6%
de patients

avec

Dosage de TAO inférieur au dosage minimum validé dans la littérature scientifique **depuis plus de 3 mois.**

Opiatest.com

L'application qui aide les
personnes concernées par
l'addiction aux opiacés et les
professionnels à décider ensemble
la dose adéquate de TAO



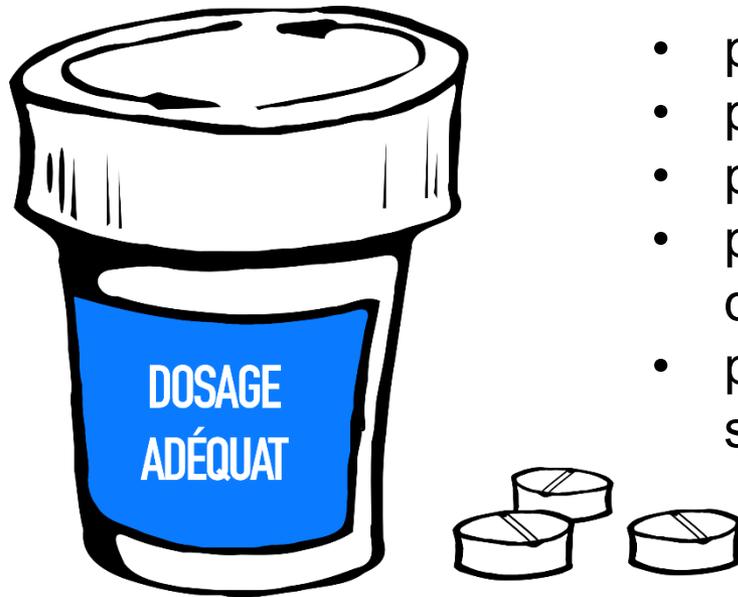
Fruit d'un partenariat

Co-construction entre patients et professionnels :

- Echange et partage des connaissances sur 5 séances
- Rédaction des questions adaptées à notre public.
- Rédaction des réponses
- Choix du design
- Contenus web adaptés aux Smartphone et Tablette
- Décision du nom final (OpiAssess -> Opiatest)
- Décision de la stratégie de communication et marketing

L'outil d'évaluation ODAS

Dosage adéquat :



- pas de l'héroïne de rue
- pas de signes/symptômes de sevrage
- pas de craving
- pas d'effet euphorisant en cas d'utilisation d'héroïne
- pas de signes/symptômes continus de surdosage

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Français ▾ Connexion

Opiatest. MonCompte.

Opiatest.

ÉVALUEZ VOTRE TRAITEMENT DE SUBSTITUTION
AUX OPIACÉS

ACCÉDER À MON COMPTE

S'ÉVALUER SANS INSCRIPTION

Fonctionnement d'Opiatest

à **MONCOMPTE** → **Historique**

à **MONCOMPTE** → **Notifications**

à **ADAPTATION DE LA DOSE :**

Etapas d'augmentation de la dose

Méthadone : 10 mg

Slow-release morphine : 60 mg

Buprénorphine : 2 mg

Etapas de diminution de la dose

Méthadone : 5 mg

Slow-release morphine : 30 mg

Buprénorphine : 2 mg

Autre proposition :

se rapprocher de son médecin car cumul de signes de manque et sédation

Opiatest

- **Relation collaborative**
- **Implication du patient dans l'adéquation du bon dosage TAO**
- **Prescription qui a du sens pour le patient et le professionnel.**



Références

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