

MOUD in the ED
October 11th, 2021

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References:

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Weiner, S.G., Baker, O., Bernson, D., Schuur, J.D. [One-year mortality of patients after emergency department treatment for nonfatal opioid overdose](#). *Ann Emerg Med* 2020;5(1):13-17, 2020. - 5.5% 1-year mortality with one-fifth dying within 30 days of ED presentation.

Larochelle MR, Bernson D, Land T, Stopka TJ, et. al. Medication for Opioid Use Disorder After Nonfatal Opioid Overdose and Association with Mortality: A Cohort Study. *Ann Intern Med* 2018 August 07; 169(3) 137-145. - 4.7% all-cause mortality (for entire cohort), 2.2% opioid-related; methadone and buprenorphine decreased mortality; naltrexone didn't.

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Busch SH, Fiellin DA, Chawarski MC, Owens PH. et. al. Cost Effectiveness of Emergency Department-Initiated Treatment for Opioid Dependence. *Addiction*. 2017 November; 112(11): 2002-2010. - cost effectiveness study of the results of the D'Onofrio RCT (*JAMA* 2015) - ED-initiated buprenorphine is a high-value treatment for insurance companies to support.

<https://www.acep.org/by-medical-focus/mental-health-and-substanc-use-disorders/opioids/>

[https://www.annemergmed.com/article/S0196-0644\(21\)00306-1/fulltext](https://www.annemergmed.com/article/S0196-0644(21)00306-1/fulltext)

- ACEP Consensus recommendations on the Treatment of Opioid Use Disorder in the Emergency Department

<https://www.aaem.org/UserFiles/file/AAEMOUDWhitePaperManuscript.pdf> - AAEM White Paper: Management of Opioid Use Disorder in the Emergency Department (2019)

National Institute on Drug Abuse website:

<https://www.drugabuse.gov/ed-buprenorphine>

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D'Onofrio G, Edelman EJ, Hawk KF, Pantalon MV, et. al. Implementation facilitation to promote emergency department-initiated buprenorphine for opioid use disorder: protocol for a hybrid type III effectiveness-implementation study (Project ED HEALTH) - study protocol to explore a protocol to implement ED-initiated buprenorphine programs in 4 academic, urban EDs - study found important components of successful program implementation

McCormack, Addict Sci Clin Pract 2021 - NIDA CTN 0079 ED-CONNECT - Implementation of ED-BUP programs in rural and urban settings with high need and limited resources

Hawk, Barriers and Facilitators to Clinician Readiness to Provide Emergency Department-Initiated Buprenorphine. JAMA Open 2020

Sullivan RW, Szczesniak LM, Wojcik SM. Bridge clinic buprenorphine program decreases emergency department visits. Journal of Substance Abuse Treatment, April 2021. - ED visits by patients inducted into buprenorphine program decreased by 42% in the following 6 months after referral; 56% buprenorphine treatment adherence at 2 years

Botticelli MP, Koh HK. Changing the Language of Addiction. JAMA 2016 Oct 4; 316(13):1361-1362.

<https://www.clinicaltrials.gov/ct2/show/NCT04225598> - ED INNOVATION trial: ED-Initiated Buprenorphine VALIDATION Network Trial - includes arm evaluating XR-BUP vs SL-BUP
[https://www.justice.gov/archive/ndic/dmas/Hawaii_DMA-2011\(U\).pdf](https://www.justice.gov/archive/ndic/dmas/Hawaii_DMA-2011(U).pdf) - Hawaii High Intensity Drug Trafficking Area Drug Market Analysis 2011

https://www.dea.gov/sites/default/files/2021-02/DIR-008-21%202020%20National%20Drug%20Threat%20Assessment_WEB.pdf - 2020 DEA National Drug Threat Assessment