

Using short-acting opioids in the hospital could improve care for patients experiencing opioid withdrawal without pain

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Expanding the use of short-acting opioids in situations where pain is not present, but where methadone or buprenorphine provide inadequate

relief, may benefit hospitalized patients suffering from opioid withdrawal symptoms. While current U.S. guidelines do not recommend short-acting opioids for these patients, an expert commentary from the University of Toronto and Harvard Medical School suggests that both wider implementation of current best practices and an expansion of the treatment options available could improve care. The commentary is published in *Annals of Internal Medicine*.

The treatment of [opioid withdrawal symptoms](#) among hospital inpatients has 3 principal clinical objectives: relieve patient suffering and distress; enable [patients](#) to remain in the hospital for medically necessary care; and facilitate initiation of long-term treatment of opioid use disorder. In the U.S., symptomatic treatment of withdrawal is followed by institution of methadone or buprenorphine, with many patients receiving suboptimal relief. The authors challenge this dogma and call for rethinking the approach to opioid withdrawal in hospitalized patients.

According to the authors, use of short-acting opioids may allow more individualized opioid withdrawal treatment, facilitate transitions to longer-term opioid use disorder treatment, and enable patient-centered models of [opioid](#) withdrawal treatment. They note that randomized controlled trials are ultimately needed to determine the efficacy of this adjunctive approach and whether it can be effectively and safely combined with traditional and novel initiation strategies for methadone and buprenorphine.

More information: Robert A. Kleinman et al, Treating Opioid Withdrawal in the Hospital: A Role for Short-Acting Opioids, *Annals of Internal Medicine* (2021). [DOI: 10.7326/M21-3968](https://doi.org/10.7326/M21-3968)

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