

Precipitated Withdrawal (PW)

Opioid withdrawal includes aches, nausea and vomiting, diarrhea and abdominal cramps, dilated pupils, running nose, and yawning, and can be measured using the [Clinical Opiate Withdrawal Scale](#) (COWS). PW is [characterized by](#) rapid onset or exacerbation of opioid withdrawal symptoms within 1-2 hours following the first dose of buprenorphine. These may subside over the subsequent 6-24 hours but can last longer. Risk of PW may persist for several days after the last use of opioids with a long duration of action, such as methadone or fentanyl.

Buprenorphine Initiation and Risk of PW

Buprenorphine, a partial agonist, has a very high affinity for the mu-opioid receptor and will displace any other full agonist opioid on the receptor, which can result in PW.

Risk of PW can be reduced by:

- [Eliminating](#) the full agonist from the body before buprenorphine initiation (“[prerequisite withdrawal](#)”).
- Extending the time before buprenorphine is initiated. Patients should refrain from using full agonist opioids for 12-24 hours.
- Waiting for the onset of moderate to severe withdrawal before initiating buprenorphine. Patients can be educated using the COWS to evaluate the level of withdrawal.

MACS Recommendations

1. Discuss the risk of PW with the patient before buprenorphine initiation.
2. Mitigate PW symptoms with [additional doses of buprenorphine](#). Ensure that patients engaging in a home initiation have enough in the event of a PW.
3. Use comfort medications as adjuncts for opioid withdrawal symptoms (e.g., clonidine, hydroxyzine, cyclobenzaprine, loperamide, ondansetron).
4. Consider the initiation frameworks to the right, along with documented, shared decision-making with the patient.
 - High-dose method:* initiate buprenorphine once mild to moderate withdrawal symptoms have started or after abstinence has occurred (COWS > 8).
 - Low-dose method:* initiate buprenorphine even in the absence of significant withdrawal symptoms, even as they continue to use other opioids.

Buprenorphine Initiation Frameworks

Low-dose

([Bernese method](#))

Longer washout and lower starting dose (<2mg)

High-dose

([Macro dosing](#))

Rapid escalation of buprenorphine dose (>16mg)

Crossover dosing

([Howard Street Method](#))

Buprenorphine titration concurrent with full agonist taper