

**Dramatic Improvement in Outpatient Opiate-free Exits Using a Novel Resource-efficient Lofexidine-based Protocol (bristol-regime) - a Service Evaluation Study**

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**Introduction**

Lofexidine is an alpha-2-A noradrenergic receptor agonist approved in the United Kingdom for treating opioid withdrawal symptoms. Due to relatively poor detox success rates locally, we introduced a novel regime – the BristoL (Buprenorphine-Lofexidine) protocol (table 1):

- Only four outpatient appointments over 14 days.
- Buprenorphine front-loading (days 1-3)
- Lofexidine (days 5-14)
- Naltrexone offered on day 12

**Objectives**

We assessed the efficacy of this regime in our outpatients (annual numbers coming into treatment 120-150/year) compared to previous client-led regimes.

**Methods**

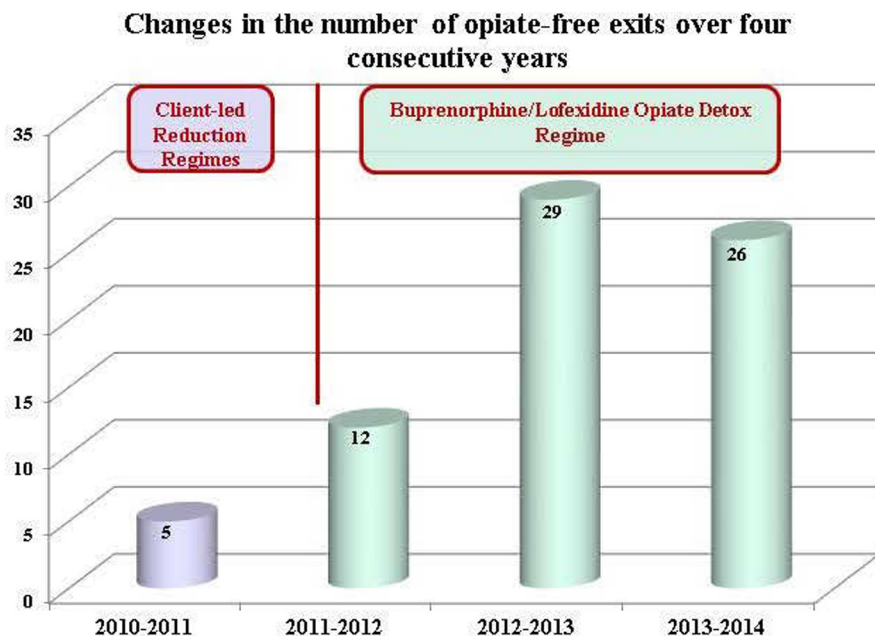
Retrospective case notes review and electronic patient management software were used to calculate changes in opiate-free exits.

**Results**

Drug free exits in the first year after introducing the BristoL protocol dramatically increased by 140% (from 5 to 12) and doubled again the following year (29) with comparable figures the year after (26) demonstrating a sustained effect (figure 1).

**Conclusions**

Introducing the BristoL protocol led to a dramatic improvement in opiate-free exits over three years with good tolerability and no significant side effects. Its advantages – simplified prescribing, reduced monitoring and a dramatically improved reported patient experience – have meant we are now also using it in the primary care setting.



**Lofexidine / Buprenorphine Outpatient Opiate Detox Prescribing Plan (Bristol)  
South Gloucestershire Drug and Alcohol Services**

Please note: Advise the patient to have last Opiate dose- 9am day before Day 1

Name: \_\_\_\_\_ DoB: \_\_\_\_\_ Allergies: \_\_\_\_\_ Nurse: \_\_\_\_\_ Consultant: \_\_\_\_\_

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Day	Thu	Fri	Sat	Sun	Mon	Tue	Wed	Thu	Fri	Sat	Sun	Mon	Tue	Wed
<b>Appointment</b> at least twice per week for physical observations and 1:1 key-working	Seen		w/e	w/e	Seen		Seen			w/e	w/e	Seen		
	Doses for days 1-4 dispensed on day 1				Doses for days 5-6 dispensed on day 5		Doses for days 7-11 dispensed on day 7				Doses for days 12-14 dispensed on day 12			
<b>Buprenorphine</b> 8mg Split dose	16mg	8mg	Due to Buprenorphine's long half life this front-loading schedule leads to a very attenuated withdrawal. This allows us to use lower doses of Lofexidine and reduces the monitoring/appointment needs. Because Buprenorphine is a partial agonist there have been no problems whatsoever with respiratory depression or any other concerns with using it in this way in the past 3 years.											
<b>Lofexidine</b>	We found we only need to monitor blood pressure as one-off assessment on day 5 (baseline and 30min after first dose)				0.2mg qds	0.4mg qds	0.4mg qds	0.4mg qds	0.4mg qds	0.4mg qds	0.4mg qds	0.2mg qds	0.2mg tds	0.2mg bd
<b>Zopiclone</b> Indication: Insomnia		7.5mg on/prn	7.5mg on/prn	7.5mg on/prn	7.5mg on/prn	7.5mg on/prn	7.5mg on/prn	7.5mg on/prn	7.5mg on/prn	7.5mg on/prn	7.5mg on/prn	7.5mg on/prn	7.5mg on/prn	7.5mg on/prn
<b>Promethazine Hydrochloride</b> Indication: Anxiety				10mg od/prn	10mg od/prn	10mg od/prn	10mg od/prn	10mg od/prn	10mg od/prn					
				3 x 10mg tablets dispensed on D5		3 x 10mg tablets dispensed on D7								
<b>Loperamide</b> Indication: diarrhoea	(As required - subject to assessment) NOT TO BE USED 48 HOURS BEFORE STARTING NALTREXONE. Initial dose is 4mg (two capsules) followed by 2 mg (one capsule) after each unformed stool. Max daily dose 16mg.													
<b>Hyoscine Butylbromide</b> Indication: Abdominal pain	(As required - subject to assessment) 10-20mg (four times a day) taken about every 4-6 hours Take for no longer than 2 days at a time													
<b>Naltrexone</b>												25mg OD	50mg once daily after test dose	

qds: four times a day; tds: three times a day; BD: twice a day; od: once a day; PRN: as required; w/e: weekend  
Lofexidine Blood pressure measurements: Our service measures blood pressure on day 1 - the patients have a baseline, take Lofexidine and have their blood pressure rechecked 30 minutes later. This has proven to be a clinically safe and sensible screening procedure.