

Treating Pain in Patients on Suboxone

Suboxone is a partial agonist used for treating opiate addiction. It binds very strongly to the opiate receptor. Because of this, pain relief in these patients can be a little tricky.

1. Mild pain. Treat as you would for anyone with mild pain: NSAID's, Tylenol, stretching exercises, physical therapy, heating pads, ice packs, ace wraps, etc.
2. Moderate pain. Try all the modalities used for mild pain first. If these are unsuccessful, there are two options for moderate pain.
 - a. Increase the dose of the Suboxone by about 25% and split the dose. Most patients will be on 12-16 mg of Suboxone per day. You can increase it to as much as 32 mg of Suboxone daily. The pain relief is modest. Do not do this without contacting the provider prescribing the Suboxone to make sure that the patient will be able to get extra Suboxone.
 - b. Temporarily stop the Suboxone and start other narcotics, such as hydrocodone or oxycodone. Suboxone has a half-life of 37 hours, so it will take a little bit of time for this to work. This approach works well before a planned procedure. This can precipitate relapse, so please do not do this without contacting the provider prescribing the Suboxone.
3. Severe pain. Stop the Suboxone, and use other narcotics.
Warning: Suboxone binds to the opiate receptor very strongly. It will take a lot of narcotics to get it to dissociate, and at that time, you may have enough narcotics on board to cause respiratory depression. **These patients need to be monitored closely.**