



TITLE: Suboxone for the Treatment of Chronic Non-Cancer Pain: Clinical Effectiveness and Guidelines

DATE: 14 January 2013

RESEARCH QUESTIONS

1. What is the clinical effectiveness of Suboxone for the treatment of chronic non-cancer pain?
2. What are the evidence-based guidelines regarding the use of Suboxone for the treatment of chronic non-cancer pain?

KEY MESSAGE

Two non-randomized studies and one evidence-based guideline were identified regarding the use of Suboxone for chronic non-cancer pain.

METHODS

A limited literature search was conducted on key resources including PubMed, Ovid EMBASE, The Cochrane Library (2012, Issue 12), University of York Centre for Reviews and Dissemination (CRD) databases, Canadian and major international health technology agencies, as well as a focused Internet search. No filters were applied to limit the retrieval by study type. Where possible, retrieval was limited to the human population. The search was also limited to English language documents published between January 1, 2002 and December 20, 2012. Internet links were provided, where available.

The summary of findings was prepared from the abstracts of the relevant information. Please note that data contained in abstracts may not always be an accurate reflection of the data contained within the full article.

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RESULTS

Rapid Response reports are organized so that the higher quality evidence is presented first. Therefore, health technology assessment reports, systematic reviews, and meta-analyses are presented first. These are followed by randomized controlled trials, non-randomized studies, and evidence-based guidelines.

Two non-randomized studies and one evidence-based guideline were identified regarding the use of Suboxone for chronic non-cancer pain. No relevant health technology assessments, systematic reviews, meta-analyses, or randomized controlled trials were identified. Additional references that may be of interest are provided in the appendix.

OVERALL SUMMARY OF FINDINGS

Two non-randomized studies^{1,2} were found concerning the use of sublingual buprenorphine-naloxone for chronic non-cancer pain. A retrospective study¹ that examined data from patients who had developed tolerance or side effects to their opioid medication who were switched to buprenorphine-naloxone for more than two months concluded that these patients reported significant decreases in pain. A non-controlled prospective study² found that eighty-six percent of patients, who converted to buprenorphine-naloxone from long-term opioid use due to increasing pain levels or diminished functioning, experienced moderate to substantial relief of pain, improved mood, and improved functioning.

The identified evidence-based guideline³ lists Suboxone as being effective, safe, unlikely to be misused, and highly useful for the treatment of chronic pain. It is also effective for hyperalgesia and addiction. The guideline mentions that reimbursement for the pain indication is often unavailable due to its off-label status.

REFERENCES SUMMARIZED

Health Technology Assessments

No literature identified.

Systematic Reviews and Meta-analyses

No literature identified.

Randomized Controlled Trials

No literature identified.

Non-Randomized Studies

1. Daitch J, Frey ME, Silver D, Mitnick C, Daitch D, Pergolizzi J, Jr. Conversion of chronic pain patients from full-opioid agonists to sublingual buprenorphine. *Pain Physician*. 2012 Jul;15(3 Suppl):ES59-ES66.
[PubMed: PM22786462](#)
2. Malinoff HL, Barkin RL, Wilson G. Sublingual buprenorphine is effective in the treatment of chronic pain syndrome. *Am J Ther*. 2005 Sep;12(5):379-84.
[PubMed: PM16148422](#)

Guidelines and Recommendations

3. University of Michigan Health System. Managing chronic non-terminal pain in adults including prescribing controlled substances [Internet]. Ann Arbor (MI): University of Michigan Health System; 2011 Jan [cited 2013 Jan 7]. Available from:
<http://www.med.umich.edu/1info/FHP/practiceguides/pain/pain.pdf>
See Page 5, Table 2: Selected Medications for Chronic Pain.

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APPENDIX – FURTHER INFORMATION:

Randomized Controlled Trials Using Non-Standard Doses

4. Ling W, Hillhouse M, Jenkins J, Miotto K, Torrington M, Chapleo C. Comparisons of analgesic potency and side effects of buprenorphine and buprenorphine with ultra-low-dose naloxone. *J Addict Med.* 2012 Jun;6(2):118-23.
[PubMed: PM22475985](#)

Conference Abstracts

5. Duggan S, Smyth C, Nathan H. The effect of Suboxone (buprenorphine/naloxone) on pain scores and pain interference when rapidly withdrawing patients with chronic refractory pain from their opioid medications: The Ottawa Hospital (TOH) pain clinic experience. Abstract presented at: Pain research and management conference. 2012 Annual Conference of the Canadian Pain Society; 2012 May 23-26; Whistler (BC). pp 208-209.
6. Mandell EB, Okam M. The use of suboxone to manage chronic pain in sickle cell disease. Abstract presented at: American Journal of Hematology conference. 4th Annual Sickle Cell Disease Research and Educational Symposium and Grant Writing Institute and Annual National Sickle Cell Disease Scientific Meeting; 2010 Feb 14-19; Hollywood (FL).