

Use of Lofexidine in the Management of Opiate Dependence Syndrome (2003)

Research conducted by:

The National Medicines Information Centre at St James's Hospital.

Aim:

To evaluate the usefulness of Lofexidine as a treatment option in the management of Opiate Dependence Syndrome.

Method:

A systematic review of all published information including clinical studies on the use of Lofexidine in the management of opiate dependence syndrome, especially its use in managed opiate withdrawal and an evaluation of its uses in different treatment settings.

Key Findings:

- In the Irish setting the main pharmacotherapeutic approach uses methadone maintenance therapy. The Pharmaceutical Society of Ireland proposed that the use of non-opioid alternatives to methadone (such as Lofexidine) be considered in the management of opioid dependence in the future.
- Lofexidine is as effective as reducing doses of methadone in the management of opioid withdrawal.
- Lofexidine is more effective in those with a stable home situation.
- Detoxification process is short (10-14 days) necessitating close involvement of the whole drug treatment team. Withdrawal with Lofexidine should be part of a treatment programme providing counselling and other psychosocial supports to prevent relapse.
- The response is better in younger opiate users or those with a shorter history of dependence. It is also suited to opiate users with high levels of motivation. It is not recommended for use in pregnant women.

NACD Recommendations to Government:

- Lofexidine may be regarded as a useful additional treatment option in the overall management of opiate dependence and can be as effective as methadone.
- It does not appear to eliminate withdrawal symptoms completely. Ancillary support and treatments are usually necessary.
- A range of options should be available to both drug users and the practitioners, who together, decide the most appropriate course of treatment for the individual.