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Comparative treatment and mortality correlates and adverse event profile of implant naltrexone and sublingual buprenorphine.

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Abstract

There is increasing interest in the use of implantable naltrexone as a new treatment for opiate dependence. This center has been one of the leaders in this form of treatment in Australia and has recently completed a registry-controlled review of our mortality data. As part of the study of the safety profile of this therapy, we were interested to review both the treatment correlates of previously presented mortality data and of adverse events. A total of 255 naltrexone implant therapy (NIT) and 2,518 buprenorphine (BUP) patients were followed for 1,322.22 and 8,030.02 patient-years, respectively. NIT patients had significantly longer days in treatment per episode (mean +/- standard deviation, 238.32 +/- 110.11 vs. 46.96 +/- 109.79), total treatment duration (371.21 +/- 284.64 vs. 162.50 +/- 245.76), and mean treatment times but fewer treatment episodes than BUP (all $p < .0001$). Serious local tissue reaction or infection each occurred in 1% of 200 NIT episodes. These data show that NIT economizes treatment resources without compromising safety concerns.

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