

# Diagnosis and Pharmacologic Management of Opioid Dependency

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This month's quiz is based on the article "Diagnosis and Pharmacologic Management of Opioid Dependency," which begins on page 15 of this issue. Choose the single best answer for each question.

- Which of the following is NOT one of the DSM-IV-TR criteria for substance dependence?**
  - The substance is often taken in larger amounts or over a longer period than was intended
  - Substance use is considered excessive by family and friends
  - Substance use is continued despite knowledge of having a persistent or a recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance
  - There is a persistent desire or unsuccessful efforts to cut down or control use
  - Manifestation of the characteristic withdrawal syndrome or the same (or a closely related) substance is taken to relieve or avoid symptoms
- Which of the following are risks not typically associated with intravenous use of opioids?**
  - Constipation, menstrual abnormalities, hepatitis C, and respiratory depression
  - Myocardial infarction, nasal septum perforation, and placental abruption
  - Neonatal abstinence syndrome, endocarditis, and violence
  - Sexually transmitted diseases, osteopenia, and septic thrombophlebitis
- The Clinical Opioid Withdrawal Scale considers which of the following signs and symptoms?**
  - Heart rate, gastrointestinal (GI) symptoms, sweating, pupil size, and runny nose or eyes
  - Heart rate, seizure, GI symptoms, dry mouth, and pupil size
  - Heart rate, seizure, GI symptoms, sweating, dry mouth, pupil size, and runny nose or eyes
  - Heart rate, seizure, GI symptoms, sweating, pupil size, and runny nose or eyes
- It is important to monitor a patient for which of the following symptoms when treating with clonidine for opioid withdrawal?**
  - Arrhythmia
  - Hypertension
  - Hypotension
  - Tachycardia
- Which of the following is the typical maintenance dose of buprenorphine/naloxone in opioid-dependent patients?**
  - 2 to 4 mg daily
  - 2 to 24 mg biweekly
  - 8 to 24 mg daily to 3 times/week
  - 16 to 32 mg 3 times/week
- Patients on benzodiazepines should be monitored for signs of respiratory depression and sedation when prescribing which of the following medications?**
  - Buprenorphine and clonidine
  - Buprenorphine and methadone
  - Buprenorphine, methadone, and clonidine
  - Clonidine and methadone
- For patients on methadone, electrocardiography screening is indicated in the presence of which of the following?**
  - Structural heart disease and use of QT-prolonging drugs
  - Structural heart disease, hypokalemia, and use of QT-prolonging drugs
  - Structural heart disease and use of cytochrome P450 inhibitors and/or QT-prolonging drugs
  - Structural heart disease, hypokalemia, and use of cytochrome P450 inhibitors and/or QT-prolonging drugs
- Which of the following is the typical dose for methadone maintenance?**
  - 15 to 30 mg daily
  - 20 to 100 mg daily
  - 100 to 120 mg daily
  - 120 to 150 mg daily

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At the time this manuscript was submitted, Dr. Jones was a senior medical student, Yale University School of Medicine, New Haven, CT; she is now a resident in family medicine, Ventura County Medical Center, Ventura, CA. Dr. O'Connor is professor and chief of general internal medicine, Yale University School of Medicine, New Haven, CT.

For answers, see page 39.

**Answers to the Clinical Review Quiz, which appears on page 32. The article on diagnosis and pharmacologic management of opioid dependency begins on page 15.**

1. (B) Substance use is considered excessive by family and friends
2. (B) Myocardial infarction, nasal septum perforation, and placental abruption
3. (A) Heart rate, GI symptoms, sweating, pupil size, and runny nose or eyes
4. (C) Hypotension
5. (C) 8 to 24 mg daily to 3 times/week
6. (C) Buprenorphine, methadone, and clonidine
7. (D) Structural heart disease, hypokalemia, and use of cytochrome P450 inhibitors and/or QT-prolonging drugs
8. (B) 20 to 100 mg daily

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