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Methadone treatment

Ann Mullens' account of the initiative by the College of Physicians and Surgeons of British Columbia to expand its methadone program clearly illustrates the need for better facilities for opioid addicts.[1] However, the wider debate about methadone should also incorporate the fact that methadone is a tried and tested drug for the treatment of chronic pain and for pain in terminal illness. It is cheap, long lasting and well absorbed when taken orally. However, many pain and palliative care specialists hesitate to prescribe this useful drug because, without a permit, the referring physician is usually unable to continue therapy.

No one would argue against making sure that those who care for people addicted to opioids have the necessary training and experience. Restricting physicians' ability to prescribe methadone may achieve this, but it places an extra administrative burden on those who care for those with intractable pain or who are near death.

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Reference

1. Mullens A. BC college works to change attitudes, attract physicians to methadone treatment. *CMAJ* 1999;161(5):579-80.

Je voudrais attirer votre attention sur le point suivant tiré d'un article récent : «All patients start with daily witnessed doses of methadone, usually at about 80 mg daily»[1]. La dose de 80 mg par jour est, à mon avis, une dose d'entretien usuelle et non une dose initiale souhaitable. La dose initialle devrait plutôt être dans la zone de 15–30 mg par jour. De plus, l'on rapporte des mortalités chez les patients recevant des doses initiales de 70 mg ou plus[2].

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Références

1. Mullens A. BC college works to change attitudes, attract physicians to methadone treatment. *CMAJ* 1999;161(5):579-80.
2. Brands B, Brands S, editors. *Methadone maintenance: a physician's guide to treatment.* Toronto: Addiction Research Foundation; 1998.

Members of the Advisory Committee on Opioid Dependence were delighted with the *CMAJ* article on the work of the College of Physicians & Surgeons of British Columbia with respect to methadone treatment,[1] which we believe communicated the sense of challenge, excitement and hope that our methadone-prescribing physicians now feel. However, 2 issues in the sidebar deserve clarification.

First, the recommended starting dose is 20–40 mg, and the maintenance dose depends upon the needs of the patient. Second, a physician must submit a registration and assessment form to the college for each patient, with sufficient information to enable the college to advise the physician whether the approved criteria have been met, and if so to register the patient in the methadone program.

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1. Mullens A. BC college works to change attitudes, attract physicians to methadone treatment. *CMAJ* 1999;161(5):579-80.

Correction

A copyediting error was made in a recent article by Michael Bliss.[1] The reference to "sisterhood of nuns" on page 833 should have read "sisterhood of nurses."

Reference

1. Bliss M. William Osler at 150. *CMAJ* 1999; 161(7):831-4.

Submitting letters

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