# Short versus long buprenorphine-naloxone treatment in intravenous buprenorphine withdrawal: a randomised controlled trial

Submission date	Recruitment status	Prospectively registered
17/09/2007	No longer recruiting	☐ Protocol
Registration date	Overall study status	Statistical analysis plan
04/03/2008	Completed	Results
Last Edited	Condition category	Individual participant data
04/03/2008	Mental and Behavioural Disorders	Record updated in last year

# Plain English summary of protocol

Not provided at time of registration

# Contact information

Type(s)

Scientific

#### Contact name

Dr Outi Kuikanmäki

#### Contact details

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# Additional identifiers

**EudraCT/CTIS** number

**IRAS** number

ClinicalTrials.gov number

Secondary identifying numbers

HDL07-01

# Study information

#### Scientific Title

#### **Acronym**

**BUNXLOW** 

#### Study objectives

- 1. To investigate the effectiveness of buprenorphine-naloxone compared with treatment as usual (lofexidine) in withdrawal of intravenous buprenorphine dependence
- 2. To determine whether a longer regime is more effective than a shorter one

#### Ethics approval required

Old ethics approval format

#### Ethics approval(s)

Ethics approval received from:

- 1. The Ethics Committee for Pediatrics, Adolescent Medicine and Psychiatry/Hospital District of Helsinki and Uusimaa on the 15th May 2007; amendment on the form of informed consent was approved 19th June 2007 (ref: 148/E7/2007)
- 2. The National Agency for Medicines approval on the 22nd August 2007 (ref: 96/2007)

#### Study design

Randomised, active controlled, three-arm, parallel group, single centre trial

## Primary study design

Interventional

# Secondary study design

Randomised controlled trial

## Study setting(s)

Hospital

# Study type(s)

Treatment

#### Participant information sheet

# Health condition(s) or problem(s) studied

Intravenous misuse of buprenorphine

#### **Interventions**

1. Short buprenorphine-naloxone (Bu-nx) arm: for 9 days:

Day 1: 8 mg

Days 2 - 3: 8 - 16 mg (dose according to clinical assessment)

Days 4 - 5: 8 mg

Days 6 - 7: 4 mg

Days 8 - 9: 2 mg

2. Long buprenorphine-naloxone arm: for 25 days:

Day 1: 8 mg

Days 2 - 3: 8 - 16 mg (dose according to clinical assessment)

Days 4 - 9: 8 mg

Days 10 - 12: 6 mg

Days 13 - 16: 4 mg

Days 17 - 20: 2 mg

Days 21 - 25: 1 mg

3. Lofexidine arm: lofexidine according to clinical assessment, maximum dose 2.4 mg/d divided into two to three doses, maximum duration 21 days

In all arms, the intended withdrawal duration (in-patient treatment) is 28 +/- 7 days, and the follow-up period is up to six months after that.

#### **Intervention Type**

Drug

#### Phase

**Not Specified** 

#### Drug/device/biological/vaccine name(s)

Buprenorphine-naloxone, iofexidine

#### Primary outcome measure

- 1. Completion of withdrawal
- 2. Retention in rehabilitation for one month
- 3. Abstinence at one month after withdrawal
- 4. Abstinence at six months after withdrawal

#### Secondary outcome measures

- 1. The extent of withdrawal symptoms experienced, recorded every day during withdrawal
- 2. The amount of additional medication needed, recorded every day during withdrawal
- 3. Whether the patient begins naltrexone medication, patients will be offered an opportunity to begin naltrexone three days before finishing withdrawal
- 4. Patient satisfaction, measured at the last day of withdrawal, whether at the intended finishing date, or at premature termination of withdrawal. Satisfaction will be measured by a self-made questionnaire of seven questions concerning the satisfaction with the medication, the length of medication, the additional medication, the length of withdrawal, the staff, the opportunity of beginning naltrexone and the overall satisfaction with the withdrawal treatment. Answers will be recorded with a five-grade scale

#### Overall study start date

24/09/2007

#### Completion date

31/12/2008

# Eligibility

#### Key inclusion criteria

- 1. Opiate dependence (Diagnostic and Statistical Manual of Mental Disorders Fourth Edition [DSM IV])
- 2. Current misuse of buprenorphine intravenously (mimimun 3 mg/day) (use confirmed by urinalysis)
- 3. Willingness to participate in withdrawal in the treatment centre and in rehabilitation afterwards
- 4. Aged between 18 and 50

#### Participant type(s)

Patient

#### Age group

Adult

#### Lower age limit

18 Years

#### Upper age limit

50 Years

#### Sex

Both

#### Target number of participants

120 patients

#### Key exclusion criteria

- 1. Other than buprenorphine as the primary drug of misuse
- 2. Misuse of other opiates then buprenorphine during the last week (confirmed by urinalysis)
- 3. Opiate maintenance therapy
- 4. Psychotic symptoms at recruitment
- 5. Psychiatric or somatic disease or symptoms that may require hospitalisation at near future
- 6. Salient increase in alanine aminotransferase (ALAT)
- 7. Pregnancy
- 8. Allergy to lofexidine, buprenorphine or naloxone
- 9. Former participation to the same study
- 10. Concurrent participation to other intervention studies
- 11. Native language other than Finnish

#### Date of first enrolment

24/09/2007

#### Date of final enrolment

31/12/2008

# Locations

#### Countries of recruitment

**Finland** 

## Study participating centre Munkkisaarenkatu 16 Helsinki Finland 01500

# Sponsor information

#### Organisation

Helsinki Deaconess Institute (Finland)

#### Sponsor details

c/o Outi Kuikanmäki Munkkisaarenkatu 16 Helsinki Finland 01500 outi.kuikanmaki@hdl.fi

#### Sponsor type

Hospital/treatment centre

#### Website

http://www.hdl.fi

#### **ROR**

https://ror.org/04zqw9t81

# Funder(s)

#### Funder type

Research organisation

#### **Funder Name**

Academy of Finland (Finland)

# Alternative Name(s)

Suomen Akatemia, Finlands Akademi, Academy of Finland, AKA

# **Funding Body Type**

Government organisation

## Funding Body Subtype

Universities (academic only)

#### Location

Finland

#### Funder Name

National Public Health Institute (Finland)

#### Funder Name

Helsinki Deaconess Institute (Finland)

# **Results and Publications**

### Publication and dissemination plan

Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

# IPD sharing plan summary

Not provided at time of registration