

Methadone Induction: Initial Workup and Cardiovascular Safety

Initial Workup

- Obtain Informed Consent: Get informed consent or alternate legal authorization
- Complete History: Complete medical, psychiatric, and substance use history, paying particular attention to:
 - Medical comorbidities involving the pulmonary and cardiovascular systems
 - Medications that may interact with methadone
 - Use of opioids and alcohol
 - Prior history of treatment with methadone or buprenorphine
- Physical Examination: Perform a physical exam, including vital signs with oxygen saturation, and body weight
- Laboratory Tests:
 - Urine toxicology
 - Complete metabolic panel, PT, and INR
 - Hepatitis B and C panels and HIV testing (in patients whose serostatus is unknown)
 - Pregnancy test in women of childbearing age

Cardiovascular Safety

- Cardiac Risk Factors to Assess:
 - Family history of sudden cardiac death, arrhythmia, myocardial infarction, heart failure, prolonged QTc, or unexplained syncope
 - Patient history of arrhythmia, myocardial infarction, heart failure, prolonged QTc, unexplained syncope, palpitations, or seizures
 - Current use of medications that may increase the QTc interval
 - Patient history of use of cocaine or methamphetamine
 - Electrolyte assessment for hypokalemia or hypomagnesemia
- Cardiovascular Risk Stratification Plan: Develop a plan that includes the following:
 - ECG on admission and repeat within 30 days
 - Annual ECG monitoring for patients treated with more than 120 mg of methadone per day
 - Discussion of risks and benefits with patients whose corrected QT intervals are between 450 and 500 ms. Adjust any modifiable risk factors
 - If a patient's QTc interval exceeds 500 ms during treatment, engage in a risk/benefit discussion. After addressing risk factors, consider reducing the methadone dose or switching the patient to buprenorphine. Perform follow-up ECG monitoring
- Assessment of Bowel Function:
 - Establish baseline bowel function
 - If constipated, optimize laxatives to normalize bowel function prior to starting methadone. Avoid psyllium and polycarbophil
 - Review medication list to identify constipating medications and those with anticholinergic activity. Taper, switch, and/or discontinue any non-essential medications