

Methadone and quality of life: high, low or adjusted doses?

The usefulness of methadone in treating opiate addiction is unquestionable. It is a simple, clean and cheap treatment without any significant side effects. In recent decades, many institutions have written guides and have formulated recommendations advising the use of high doses of methadone (generally above 60 mg/day) to treat heroin addiction. The main argument behind this is that lower doses do not guarantee the opioid receptors will be fully blocked which may not eliminate the desire to consume and foster the use of unprescribed drugs to complete the sought effect. In order to establish the effectiveness of these measures, indicators have been used such as decreased added consumption, a drop in illegal activities and a decrease in legal complications.

However, other researchers have made it clear that the use of high doses is not free of harmful effects including excessive sedation, increased cognitive deficits, difficulties engaging in everyday activities such as the job market, and the existence of serious cardiac complications. Very little work has taken the patients' own views or their perceived quality of life into consideration which is rather uncommon when it comes to health issues. Other studies have found that receptor blocking does not guarantee abstinence from either heroin or other drugs such as cannabis, cocaine or alcohol. Finally, the cognitive deficits deriving from excessive sedation have also been found to trigger new consumption.

A study was designed to obtain a representative sample of patients in methadone treatment programmes in a large city (Madrid, Spain) and in a predominantly rural area (Extremadura, Spain). The treatment services in both are public, free of cost and provided by multi-disciplinary professional teams (physician, psychologist, occupational therapist, social worker, etc.) and the doses are negotiated between the physician and the patient in an attempt to find a dose that prevents the need to consume with the least possible side effects. Furthermore, the doses can be modified at the patient's request when there are changes in the circumstances. The average dose was 47 mg/day (between 5 and 220). The dose prescribed was related to quality of life, mental health, psychosocial stress and dysexecutive syndrome measures and random urine samples were taken to detect unprescribed consumption. Cognitive performance was measured by a standardised test and patient satisfaction with the treatment received was studied.

The results show that lower doses may be sufficient if complemented with psychotherapy, occupational therapy and social interventions. Higher doses were related to a worse quality of life, worse mental health, more stress, worse cognitive performance, more dysexecutive syndrome symptoms and lower satisfaction with the treatment. The percentage of urine with unprescribed drug metabolites was lower than reported by the high dose programmes.

The data support the suitability of approaching the problem of addiction from an interdisciplinary perspective and with the patient as the centre of the change process. Focusing on biochemical aspects involves ineffective reductionism given that the treatment goal is the overall person. Considering addicted patients as chronically and irrecoverably ill may justify social control-based

measures but this approach has been largely improved. As with any other health issue, the priority needs to be on mechanisms for recovering and attaining an active and productive life where the patient is the only one who can implement the necessary mechanisms. Methadone is simply a tool for recovery and not a weapon of social control.

Eduardo J. Pedrero Pérez
Instituto de Adicciones. Madrid Salud, Spain

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[Methadone dosage and its relationship to quality of life, satisfaction, psychopathology, cognitive performance and additional consumption of non-prescribed drugs.](#)

Pedrero-Pérez EJ, MethaQoL G

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