Lofexidine: An option for treating opioid withdrawal

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Opioid use disorder (OUD) and deaths by opioid overdose are a major public health concern, especially with the advent of synthetic opioids such as fentanyl.[1] Enrolling patients with OUD into substance abuse treatment programs can be a difficult hurdle to cross because patients do not want to experience withdrawal. The fear of withdrawal leads many individuals to refuse appropriate interventions. For these patients, consider the alpha-2 agonist lofexidine, which was FDA-approved in 2018 to help diminish the signs and symptoms of opioid withdrawal.[1-3] Use of lofexidine might encourage more patients with OUD to accept substance abuse treatment.[1,4,5]

How to prescribe lofexidine

For decades, clinicians in Britain have prescribed lofexidine to attenuate opioid withdrawal.[1] An analog of clonidine, lofexidine is reportedly less likely than clonidine to induce hypotension.[1,4] While this agent does not diminish drug toxicity, it can provide symptomatic relief for patients undergoing opioid withdrawal, and is efficacious as a supplement to and/or replacement for methadone, buprenorphine, clonidine, or other symptomatic pharmacotherapies.[1,4,5]

Lofexidine is available in 0.18-mg tablets. For patients experiencing overt symptoms of opioid withdrawal, initially prescribe 3 0.18-mg tablets, 4 times a day.[3] The recommended maximum dosage is 2.88 mg/d, and each dose generally should not exceed 0.72 mg/d. Lofexidine may be continued for up to 14 days, with dosing guided by symptoms. Initiate a taper once the patient no longer experiences withdrawal symptoms.[3]

Adverse effects. Lofexidine's efficacy and safety were evaluated in 3 randomized, double-blind, placebo-controlled trials that included 935 participants dependent on short-acting opioids who were experiencing abrupt opioid withdrawal and received lofexidine, 2.16 or 2.88 mg/d, or placebo.[3] The most common adverse effects of lofexidine were insomnia, orthostatic hypotension, bradycardia, hypotension, dizziness, somnolence, sedation, and dry mouth.[3] In the 3 trials, these effects were reported by ≥10% of patients receiving lofexidine, and occurred more frequently compared with placebo (***Table,***[3] ***page 31***).

Take precautions when prescribing lofexidine because it can cause QT prolongation and CNS depression, especially when coadministered with sedative agents.[3] It also can result in rebound hypertension once discontinued. This may be minimized by gradually reducing the dosage.[3]

A pathway to OUD treatment

Lofexidine can help relieve symptoms of opioid withdrawal, such as stomach cramps, muscle spasms or twitching, feeling cold, muscular tension, and aches and pains.[1-5] This new option might help clini-

Table

Lofexidine-induced adverse effects

Adverse effect	Treatment		
	Lofexidine, 2.88 mg/d (n = 222)	Lofexidine, 2.16 mg/d (n = 229)	Placebo (n = 151)
Insomnia	55%	51%	48%
Orthostasis	42%	29%	5%
Bradycardia	32%	24%	5%
Hypotension	30%	30%	1%
Dizziness	23%	19%	3%
Somnolence	13%	11%	5%
Sedation	12%	13%	5%
Xerostomia	11%	10%	0%

Source: Reference 3

Use of lofexidine might help more patients with OUD engage in substance abuse treatment

cians encourage more patients with OUD to fully engage in substance abuse treatment.

References

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