



# A patient's guide to *avoiding* precipitated withdrawal.

**Are you worried about starting buprenorphine because you've heard it might lead to a withdrawal that's even worse than regular dope sickness?**

This kind of withdrawal, often called "precipitated withdrawal," can happen if you start taking buprenorphine too quickly or don't take the correct dosage. This guide is here to help you understand why this situation occurs and how you can lower the chances of it happening to you.



Opioids like oxycodone, heroin, and fentanyl attach to the parts of our brain called mu-receptors.

The mu-receptor is like a special switch in our body that, when turned on by certain natural substances or drugs, helps relieve pain and create a feeling of pleasure and calmness.



If you use opioids for a long time, your mu-receptors get used to having these opioids around. If you suddenly stop using them, you will start feeling the symptoms of withdrawal sickness and need to take at least a certain amount of opioids again to feel better.

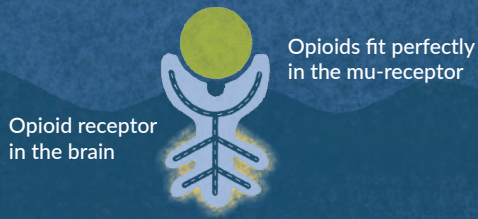
***Transitioning to buprenorphine (also known as Suboxone or Subutex) is the most effective way to stop using opioids, reduce withdrawal and cravings, and prevent overdose.***

However, if you switch to buprenorphine from opioids, especially fentanyl, too quickly or don't take enough buprenorphine, it may trigger a severe case of withdrawal sickness known as "precipitated withdrawal". To prevent severe illness, it's important to transition to buprenorphine correctly under the direction of an addiction medicine specialist.

## What causes precipitated withdrawal?

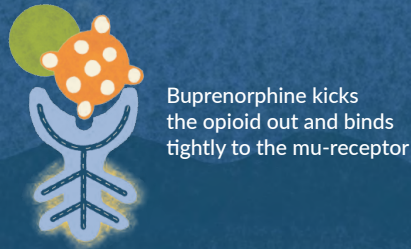
Opioids like oxycodone, heroin, and fentanyl fully occupy the mu-receptors in the brain. Because of this “perfect fit,” they strongly stimulate the receptors.

1



If you take buprenorphine when the mu-receptor is already filled with an opioid, the buprenorphine will push the opioid aside and take its place.

2



***The buprenorphine will bind much more tightly than the opioid, but only partially occupy the mu-receptor.***

Because the buprenorphine does not fit the mu-receptor as perfectly as the opioid did, the receptor will be significantly less stimulated, which your body will experience as intense withdrawal symptoms.

3



The sudden change leads to intense withdrawal symptoms

On the other hand, if you have not used opioids recently and are already feeling mild symptoms of withdrawal, it means some of your mu-receptors are already empty. Taking buprenorphine at this point will fill the empty receptors and provide relief of withdrawal symptoms.

4

Buprenorphine replaces the opioids and fills up the empty receptors





## How does the amount of buprenorphine I take affect precipitated withdrawal?

Dosage is important to get right when taking buprenorphine for the first time. If you take too small of a dose, even if you are in withdrawal already, you could still trigger precipitated withdrawal.

That's because there still might be a few receptors filled with opioids. If you take too little buprenorphine, it might kick off the opioids but there won't be enough left over to fill up the empty receptors.

On the other hand, if you are in withdrawal and take the correct dose of buprenorphine, there will be enough medication to both push out any remaining opioids and fill up the empty receptors. This will quickly ease withdrawal and make you feel normal again.

***If you suddenly feel extremely sick after taking buprenorphine, it's usually because you didn't take enough or you took it too soon after using opioids.***





## Should I stop taking buprenorphine if I relapse?

If you start using opioids again, it's a good idea to keep taking buprenorphine as prescribed. Here's why:

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**To prevent overdose.** Buprenorphine competes with other opioids for receptor binding. If a person on buprenorphine tries to use another opioid (e.g., heroin), the buprenorphine already occupying the receptors can block the effects of the additional opioid. This reduces the euphoric effects and prevents overdose. To make sense of this, think about someone with diabetes – they don't stop using insulin when they slip up and eat sugary foods.

**To prevent precipitated withdrawal.** Your receptors are already filled with buprenorphine, which binds more tightly than other opioids, so the opioids can't attach to the receptors. Precipitated withdrawal only occurs when your receptors are filled with an opioid like fentanyl and then you start taking buprenorphine too soon or you don't take the right amount.



## In summary, buprenorphine is a safe and effective medication that's proven to help individuals overcome addiction to opioids.

It does this by managing cravings, preventing withdrawal symptoms, and lowering the chances of accidental overdose. When you begin taking buprenorphine, it's important to keep taking it regularly, just like other long-term medications. This approach helps in maintaining control over opioid addiction. It's always a good idea to work with an addiction medicine specialist to figure out the best way to start and continue taking buprenorphine.

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**Disclaimer:** The purpose of this guide is to be informational only. It does NOT constitute medical advice. Always follow the directions of your healthcare provider.

