

Outline for Initial Pharmacist–Client Dialogue: Methadone

- Ask the client about allergies.
- Take a medication and drug use history.
- Review the client’s current medication profile and encourage the client to disclose to the pharmacist all future prescription, over-the-counter and herbal medications for monitoring of interactions.
- Ask the client about his or her knowledge of methadone and MMT—this helps to reinforce correct knowledge and to correct misunderstandings.
- Encourage abstinence from other opioids both for client safety reasons and to hasten the process of achieving the optimal methadone dose. Keep in mind that methadone steady state is reached in about five days.
- Explain that methadone is generally well tolerated and review the most common adverse effects: sweating, constipation, drowsiness, sexual problems and weight gain.
- Encourage the client to discuss with the prescriber and with the pharmacist any adverse effects he or she experiences.
- Warn of possible additive adverse effects when methadone is combined with other CNS depressants such as alcohol, benzodiazepines, other opioids and sedating OTC medications.
- Advise the client that at the beginning of treatment, he or she may not feel well because the optimal methadone dose has not yet been reached. Reassure the client that the dose will be adjusted when it is safe to do so.
- Advise clients that everyone starts on a low dose and doses are adjusted approximately every 3 to 5 days according to response. **Encourage clients not to miss any doses.**
- Orient the client to the pharmacy’s procedures such as dispensing hours, required identification, observation of ingestion, discussion with staff after the dose is ingested (to ensure that the dose is swallowed) and disposal of the medication cup.
- Advise clients that, for reasons of safety, they will not be given a methadone dose if they present intoxicated in the pharmacy.
- Remind the client of the need to inform a dentist or another physician that he or she is receiving methadone if another opioid is prescribed. Explain to the patient that this is done for safety and for legal reasons. For example, analgesics such as nalbuphine may precipitate withdrawal in a methadone-maintained patient. Not informing a dentist or physician when receiving a second opioid is also a legal offence (“double doctoring”).
- Inform women that their menstrual cycles are likely to return to normal while they are on MMT. Contraception is important to prevent unplanned pregnancies.
- Advise the client to refrain from eating foods with poppy seeds because they may cause opioid-positive urine samples.
- Inform the client that in order to maintain confidentiality, pharmacy staff will not relay messages between patients and their friends or relatives.
- Discuss mutual expectations with respect to appropriate behaviour in the pharmacy and payment for medications.
- Ask the client to agree, verbally or in writing, to the important commitments associated with the treatment. (A sample client treatment agreement can be downloaded from the OpiATE toolkit found at www.methadonesaveslives.ca.) Be sensitive to the client’s literacy level.

Adapted from P. Isaac et al. (eds.), 2003, *Methadone Maintenance: A Pharmacist’s Guide to Treatment*, 2nd Edition. Permission is granted for this document to be copied and distributed for use by health professionals in the treatment of opioid dependence. All other rights are reserved. This document is available for download as part of the OpiATE Project Toolkit: please visit methadonesaveslives.ca.