



Methadone

(Pronounced meth-a-dohn)

Why has methadone been prescribed?

Methadone is medication used to manage opioid dependence. It is prescribed as a substitute to heroin. It is effective in managing opioid dependence as part of a comprehensive treatment programme.

What are the benefits of taking methadone?

Methadone reduces the withdrawal symptoms when people stop taking heroin. It also reduces the cravings for heroin.

Are there any precautions with methadone?

Methadone is suitable for most people. As with all medicines, however, there are precautions. Your prescriber will usually check that it is safe to prescribe methadone, but let your prescriber know if any of the following apply to you, as extra care may be needed:

- If you have asthma or any respiratory problems, obstructive bowel disorders, or any heart, liver or kidney trouble.
- If you are taking any other medication especially benzodiazepines, rifampicin, antibiotics, sedating antihistamines, cimetidine, medication for anxiety or insomnia, medication for schizophrenia, antifungal medications, HIV medicines, anticonvulsants, strong pain killers or antidepressants. Also, tell your prescriber if you buy any medicine 'over the counter' from a pharmacy or supermarket. Please also tell your prescriber if you take any alternative or complementary medicine such as Chinese herbal medicines.
- If you are pregnant or breastfeeding.

What is the usual dose of methadone?

The starting dose is usually 10-20mg a day (depending on your use of heroin). The dose will slowly be increased until withdrawal symptoms are reduced. It may take a few weeks to get to a dose which prevents all withdrawal symptoms. The usual daily dose may be between 40–60mg but some people need higher doses. You will be assessed to establish the correct dose for you dependent on your symptoms.

How should methadone be taken?

Methadone comes as a liquid which is taken once daily. It should be taken at least 8 hours after your last dose of heroin.

What form does methadone come in?

Methadone is available as a solution in a strength of 1mg per ml or 10mg per ml.

What should be done if a dose is missed?

If you forget to take a dose, take it as soon as you remember. If you miss a whole day's treatment – just carry on as normal the next day's dose. Do not take a double dose as this may result in a serious overdose. If you miss more than 3 day's treatment, tell your prescriber or Addictions team as you will need to re-start at a lower dose. This is particularly important with methadone because tolerance to it is quickly lost.

What will happen when methadone is first taken?

Methadone is effective within a few hours. At the right dose, it prevents withdrawal symptoms occurring. At too low a dose, there may be some withdrawal symptoms. At too

high a dose, in someone used to high doses of heroin, it can make withdrawal come on very quickly. It is important to work with your prescriber to establish the right dose for you. The table below lists some of the side effects associated with methadone. There are other possible side effects – we have listed only the most important ones. Ask your doctor, pharmacist or nurse if you are worried about anything else that you think might be a side effect. Further information on side effects is available in the official manufacturer’s leaflet.

Reporting side effects

The ‘Yellow Card’ scheme encourages patients to report any side effects that they feel may be caused by their medication. Ask your doctor, pharmacist, or nurse for the forms if you wish to report any side effects. Alternatively, telephone 0808 100 3352 or go to www.mhra.gov.uk.

Is methadone addictive?

Methadone is used to treat addiction.

What about alcohol?

It is recommended that people taking methadone should not drink alcohol.

Is it OK to stop taking methadone when symptoms go away?

Most people need to stay on methadone for several months or even long term. It can be gradually reduced and stopped however it may take several months or years before you are ready to come off

Are there any alternatives to methadone?

Yes, buprenorphine is an alternative and there are other medicines which can be added to help manage symptoms of opioid withdrawal. Psychological and family therapies can also help in opioid dependence, usually alongside medication.

Summary of side effects



Drowsiness - Very common

What can be done about it?

Drowsiness tends to wear off over time. Speak to your prescriber about changing the dose or dose timings.

Other (less common) side effects	How common is it and what can be done about it?
Dizziness	Uncommon This may wear off within a few days. Discuss with your prescriber if this persists.
Headache	Uncommon This may wear off within a few days. Paracetamol can be taken but discuss with your prescriber if this persists.
Sweating	Uncommon Discuss this with your prescriber if it becomes troublesome.

Rash which may be itchy	Uncommon Discuss this with your prescriber if it becomes troublesome.
Constipation	Uncommon Make sure you are taking laxatives to ensure regular bowel movements.
Drowsiness	Uncommon This should wear off within a few days or weeks. Discuss with your prescriber if this persists. Taking the medication at night-time may help, but beware of drowsiness in the following morning.
Hallucinations	Uncommon Report immediately to your prescriber if you see or hear anything unusual or disturbing.
Mood changes	Rare Tell your prescriber if you experience any mood changes.
Hypotension (low blood pressure)	Rare Try not to stand up too quickly. If you feel dizzy do not drive. This dizziness is not dangerous and should wear off after a few days.
Insomnia	Rare Tell your prescriber if you find it difficult to get off to sleep or are tired at your normal bedtime. It may be necessary to alter the timing of methadone doses.
Respiratory depression (slow shallow breathing)	Rare This is usually linked to drowsiness – report any drowsiness to your prescriber.
Palpitations (fast heart beat) or slowed heart beat	Very rare Tell your prescriber straightaway if you have faster or slower heart rate.

Very common = almost everyone affected
Common = many people affected
Uncommon = some people affected

Rare = few people affected
Very rare = very few or no one affected

Disclaimer

This leaflet does not replace the official manufacturer's Patient Information Leaflet.

For more information, visit www.slam.nhs.uk/meds or speak to a health care professional.

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