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#### 2<sup>nd</sup> International Conference on

# ADDICTION & PSYCHIATRY

June 10-11, 2019 Helsinki, Finland

## Buprenorphine induction/maintenance in opiate dependent patients with mood disorders

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**Background:** Buprenorphine (a partial opiate agonist/antagonist) is approved for the treatment of opiate use disorder. Buprenorphine effects the mood modulation through its agonist/antagonist effects on opiate receptors-Delta (antidepressant effect), Kappa (stress, dissociative/hallucinogenic effects), mu (euphoria) and Nociceptin (anxiety, depression). Mood disorders used for this study: Bipolar disorders, major depressive disorders, anxiety disorders and PTSD. Buprenorphine induction/maintenance for opioid dependent patients who also have a significant mood disorder presents a special challenge for clinicians working with such complex patients. This study reports the experience in inducting/maintaining Buprenorphine on 250 patients with a primary diagnosis of mood disorder who were also dependent on opiates. Can Buprenorphine (a partial opiate agonist/antagonist) be used as the sole medication for patients with primary mood disorders who also have opiate addiction?

**Method:** 250 patients with primary mood disorder diagnosis who had presented for treatment of opiate addiction were inducted/maintained on Buprenorphine only for the first two weeks of treatment. Additional mood stabilizers or antidepressants were added only if there were continued mood issues while being stable on Buprenorphine.

**Conclusion:** Our study indicates that for a significant cohort of patients with primary diagnosis of mood disorders and opiate addiction, Buprenorphine alone might be sufficient to manage both psychiatric symptoms and opiate addiction. Using charts and graphs, our poster presentation will give details of the data from the study of 250 patients involved in the study, including our recommendations for clinical practice to manage patients with co-morbid psychiatric disorders and opiate addiction.

### Biography

Hassan S Dinakar has pursued his Psychiatry and Addiction Training at New York Medical College. He is Board Certified in Psychiatry and Neurology while also being Board certified in Addiction Medicine. He was an Associate Professor of Psychiatry at New York University School of Medicine until 2006 and is currently working as an Associate Professor at Frank H Netter School of Medicine at Quinnipiac University, Hamden, CT, USA. He is an Associate Medical Director with the Hartford HealthCare working at Meriden, CT. He has made several presentations and has published several articles dealing with mental health and addiction issues.