Appendix 17a: Evidence profile tables A17-1 to A17-14 (pharmacological interventions in opioid detoxification)

Pharmacological interventions

Table A17-1. Methadone versus clonidine

Quality assessment

No of studies	Design	Limitations	Consistency	Directness	Other considerations
Completion of treatment (Kleber1985, San1990, Umbricht2003, Washton1980)					
4	Randomised trials	No limitations	No important inconsistency	No uncertainty	None
Started naltrexone maintenance (Gerra2000)					
1	Randomised trials	Serious limitations (-1)[4]	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[3]
Abstinence during treatment (Kleber1985)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[3]
Abstinence at endpoint (Kleber1985, Washton1980)					
2	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[2]
Abstinence at 1-month follow-up (Kleber1985)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[2,3]
Abstinence at 3-month follow-up (Kleber1985)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[2,3]
Abstinence at 6-month follow-up (Kleber1985)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[2,3]
Self-rated withdrawal severity: peak (Kleber1985. Better indicated by: lower scores)					

1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[3]
Self-rated withdrawal severity: mean change from baseline (Umbricht2003. Better indicated by: lower scores)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[2,3]
Adverse events: side effects rating (Kleber1985, Washton1982. Better indicated by: lower scores)					
2	Randomised trials	Serious limitations (-1)[4]	No important inconsistency	No uncertainty	Very strong association (+2)[5]

Summary of findings

Outcome	No of patients		Effect		Quality
	Methadone	Clonidine	Relative (95% CI)	Absolute (95% CI)	
Completion of Treatment	57/99 (57.6%)	80/188 (42.6%)	RR 1.5 (1.19 to 1.9)	-	⨁⨁⨁⨁ High
Entry into naltrexone maintenance (methadone vs clonidine)	9/34 (26.5%)	17/32 (53.1%)	RR 0.50 (0.26 to 0.95)	-	⨁⨁◯◯ Low
Abstinence during treatment	13/25 (52%)	10/24 (41.7%)	RR 1.25 (0.68 to 2.29)	-	⨁⨁⨁◯ Moderate
Abstinence at endpoint	15/38 (39.5%)	14/37 (37.8%)	RR 1.04 (0.58 to 1.85)	-	⨁⨁⨁◯ Moderate
Abstinence at 1-month follow-up	8/25 (32%)	6/24 (25%)	RR 1.28 (0.52 to 3.14)	-	⨁⨁⨁◯ Moderate
Abstinence at 3-month follow-up	8/25 (32%)	6/24 (25%)	RR 1.28 (0.52 to 3.14)	-	⨁⨁⨁◯ Moderate

Abstinence at 6-month follow-up	9/25 (36%)	4/24 (16.7%)	RR 2.16 (0.77 to 6.09)	-	⨁⨁⨁◯ Moderate
Self-rated withdrawal severity: peak	25	25	-	SMD -0.65 (-1.22 to -0.08)	⨁⨁⨁◯ Moderate
Self-rated withdrawal severity: Mean change from baseline	18	18	-	SMD 0.25 (-0.4 to 0.91)	⨁⨁⨁◯ Moderate
Adverse events: Side effects rating	125	125	-	SMD -0.92 (-1.18 to -0.66)	⨁⨁⨁⨁ High

Footnotes:

1. Significant heterogeneity (I^2 >= 50%)
2. CIs do not favour either treatment
3. Single study
4. No blinding
5. Large effect (SMD <= -0.8)

Table A17-2. Methadone versus other opioid agonists (not buprenorphine)

Quality assessment

No of studies	Design	Limitations	Consistency	Directness	Other considerations
Completion of Treatment (Salehi2006, Sorensen1982, Tennant1975, Tennant1978)					
4	Randomised trials	No limitations	Important inconsistency (-1)[1]	No uncertainty	Imprecise or sparse data (-1)[3]
Abstinence at endpoint (Tennant1975)					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1)[2]	Imprecise or sparse data (-1)[3,4]
Abstinence at 1-month follow-up (Tennant1975, Tennant1978)					
2	Randomised trials	No limitations	Important inconsistency (-1)[1]	Some uncertainty (-1)[2]	Imprecise or sparse data (-1)[3,4]
Abstinence at 6-month follow-up (Tennant1978)					
1	Randomised trials	No limitations	No important inconsistency	Some uncertainty (-1)[2]	Imprecise or sparse data (-1)[3,4]

Summary of findings

Outcome	No of patients		Effect		Quality
	Methadone	Any Other Pharmacological Intervention	Relative (95% CI)	Absolute (95% CI)	
Completion of treatment	66/99 (66.7%)	96/188 (51.1%)	RR 1.20 (0.7 to 2.07)	-	⨁⨁◯◯ Low
Abstinence at endpoint	10/36 (27.8%)	11/36 (30.6%)	RR 0.91 (0.44 to 1.87)	-	⨁⨁◯◯ Low

Abstinence at 1-month follow-up	5/44 (11.4%)	7/42 (16.7%)	RR 0.54 (0.02 to 14.86)	-	⊕◯◯◯ Very low
Abstinence at 6-month follow-up	1/12 (8.3%)	2/10 (20%)	RR 0.42 (0.04 to 3.95)	-	⊕⊕◯◯ Low

Footnotes:

1. Significant heterogeneity (I^2 > 50%)
2. Old studies
3. CIs do not favour either treatment
4. Single study

Table A17-3. Methadone versus lofexidine

Quality assessment

No of studies	Design	Limitations	Consistency	Directness	Other considerations
Completion (Bearn1996, Howells2002)					
2	Randomised trials	No limitations	No important inconsistency	No uncertainty	None
Self-rated withdrawal severity: Peak (Howells2002. Better indicated by: lower scores)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[1,2]
Self-rated withdrawal severity: Lowest (Howells2002. Better indicated by: lower scores)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[1,2]
Self-rated withdrawal severity: Total or mean (Howells2002. Better indicated by: lower scores)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[1,2]
Adverse events: Hypotension (Howells2002)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[1,2]

Summary of findings

Outcome	No of patients		Effect		Quality
	Methadone	Lofexidine	Relative (95% CI)	Absolute (95% CI)	
Completion	62/80 (77.5%)	47/74 (63.5%)	RR 1.22 (0.99 to 1.51)	-	⨁⨁⨁⨁ High
Self-rated withdrawal severity: Peak	34	29	-	SMD -0.09 (-0.58 to 0.41)	⨁⨁⨁◯ Moderate

Self-rated withdrawal severity: Lowest	34	29	-	SMD -0.03 (-0.53 to 0.47)	⨁⨁⨁◯ Moderate
Self-rated withdrawal severity: Total or mean	34	29	-	SMD -0.12 (-0.62 to 0.37)	⨁⨁⨁◯ Moderate
Adverse events: Hypotension	3/36 (8.3%)	4/32 (12.5%)	RR 0.67 (0.16 to 2.76)	-	⨁⨁⨁◯ Moderate

Footnotes:

1. Single study
2. CIs do not favour either treatment

Table A17-4. Buprenorphine versus clonidine

Quality assessment

No of studies	Design	Limitations	Consistency	Directness	Other considerations
Completion of detoxification (Cheskin1994, Janiri1994, Lintzeris2002, Marsch2005, Nigam1993, O'Connor1997, Umbricht2003)					
7	Randomised trials	No limitations	No important inconsistency	No uncertainty	None
Started naltrexone maintenance (Marsch2005)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[1] Very strong association (+2)[2]
Abstinence during treatment (Lintzeris2002)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Strong association (+1)[3]
Abstinence at endpoint (Ling2005: inpatient, Ling2005: outpatient, Lintzeris2002)					
3	Randomised trials	No limitations	No important inconsistency	No uncertainty	Strong association (+1)[3]
Abstinence maintained for 4 weeks post-treatment (Lintzeris2002)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[4] Strong association (+1)[3]
Left study early due to adverse events (Cheskin1994, Nigam1993, Umbricht2003)					
3	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[4] Very strong association (+2)[2]
Drug use: days during 4-week follow-up (Lintzeris2002. Better indicated by: lower scores)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Strong association (+1)[5]

Summary of findings

Outcome	No of patients		Effect		Quality
	Buprenorphine	Clonidine	Relative (95% CI)	Absolute (95% CI)	
Completion	156/211 (73.9%)	121/216 (56%)	RR 1.32 (1.15 to 1.52)	-	⊕⊕⊕⊕ High
Initiated naltrexone maintenance	11/18 (61.1%)	1/18 (5.6%)	RR 11.00 (1.58 to 76.55)	-	⊕⊕⊕⊕ High
Abstinence during treatment	13/58 (22.4%)	3/56 (5.4%)	RR 4.18 (1.26 to 13.90)	-	⊕⊕⊕⊕ High
Abstinence at endpoint	117/292 (40.1%)	14/166 (8.4%)	RR 4.29 (2.60 to 7.09)	-	⊕⊕⊕⊕ High
Abstinence maintained for 4 weeks post-treatment	5/58 (8.6%)	1/56 (1.8%)	RR 4.83 (0.58 to 40.03)	-	⊕⊕⊕⊕ High
Left study early due to adverse events	0/55 (0%)	6/51 (11.8%)	RR 0.19 (0.03 to 1.03)	-	⊕⊕⊕⊕ High
Drug use: days during 28 days follow-up	48	43	-	SMD -0.61 (-1.03 to -0.19)	⊕⊕⊕⊕ High

Footnotes:

1. Single study
2. Very large effect (RR >= 5 or <= 0.2)
3. Large effect (RR >=2 or <= 0.5)
4. CIs do not favour either treatment
5. Large effect (SMD <= -0.5)

Table A17-5. Buprenorphine versus lofexidine

Quality assessment

No of studies	Design	Limitations	Consistency	Directness	Other considerations
Completion (Raistrick2005)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	None
Abstinence at 1-month follow-up (Raistrick2005)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[1]
Self-rated withdrawal severity: Peak (Raistrick 2005. Better indicated by: lower scores)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[1]
Self-rated withdrawal severity: Lowest (Raistrick 2005. Better indicated by: lower scores)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	None
Self-rated withdrawal severity: Mean (Raistrick 2005. Better indicated by: lower scores)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Strong association (+1)[2]
Self-rated withdrawal: Mean change from baseline (Raistrick2005. Better indicated by: lower scores)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[1]

Summary of findings

Outcome	No of patients		Effect		Quality
	Buprenorphine	Lofexidine	Relative (95% CI)	Absolute (95% CI)	
Completion	70/107 (65.4%)	47/103 (45.6%)	RR 1.43 (1.11 to 1.84)	-	⨁⨁⨁⨁ High

Abstinence at 1-month follow-up	37/107 (34.6%)	26/103 (25.2%)	RR 1.37 (0.90 to 2.09)	-	⨁⨁⨁◯ Moderate
Self-rated withdrawal severity: Peak	106	102	-	SMD -0.18 (-0.45 to 0.1)	⨁⨁⨁◯ Moderate
Self-rated withdrawal severity: Lowest	106	102	-	SMD -0.46 (-0.74 to -0.19)	⨁⨁⨁⨁ High
Self-rated withdrawal severity: Mean	106	102	-	SMD -0.50 (-0.78 to -0.22)	⨁⨁⨁⨁ High
Self-rated withdrawal: Mean change from baseline	105	102	-	SMD -0.11 (-0.38 to 0.17)	⨁⨁⨁◯ Moderate

Footnotes:

1. CIs do not favour either treatment
2. Large effect (SMD <= -0.5)

Table A17-6. Buprenorphine versus methadone

Quality assessment

No of studies	Design	Limitations	Consistency	Directness	Other considerations
Completion (Johnson1992, Petitjean2002, Seifert2002, Umbricht2003)					
4	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[1]
Relapse to opiate use during treatment (Seifert2002)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[1,2,3]
Self-rated withdrawal severity: Mean change from baseline (Umbricht2003. Better indicated by: lower scores)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[1,2,3]

Summary of findings

Outcome	No of patients		Effect		Quality
	Buprenorphine	Methadone	Relative (95% CI)	Absolute (95% CI)	
Completion	47/107 (43.9%)	41/105 (39%)	RR 1.10 (0.82 to 1.48)	-	⨁⨁⨁◯ Moderate
Relapse to opiate use during treatment	1/14 (7.1%)	2/12 (16.7%)	RR 0.43 (0.04 to 4.16)	-	⨁⨁⨁◯ Moderate
Self-rated withdrawal severity: Mean change from baseline	21	18	-	SMD -0.44 (-1.08 to 0.20)	⨁⨁⨁◯ Moderate

Footnotes:

1. CIs do not favour either treatment
2. Small N
3. Single study

Table A17-7. Buprenorphine versus dihydrocodeine

Quality assessment

No of studies	Design	Limitations	Consistency	Directness	Other considerations
Completion (Wright2007a, Wright2007b)					
2	Randomised trials	Serious limitations (-1)[2]	No important inconsistency	No uncertainty	None
Abstinence at endpoint (Wright 2007a, 2007b)					
2	Randomised trials	Serious limitations (-1)[2]	No important inconsistency	No uncertainty	None
Abstinence at 1-month follow-up (Wright 2007b)					
1	Randomised trials	Serious limitations (-1)[2]	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[1]
Abstinence at 3-month follow-up (Wright 2007a,b)					
2	Randomised trials	Serious limitations (-1)[2]	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[1]
Abstinence at 6-month follow-up (Wright 2007a, b)					
2	Randomised trials	Serious limitations (-1)[2]	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[1]

Summary of findings

Outcome	No of patients		Effect		Quality
	Buprenorphine	Dihydrocodeine	Relative (95% CI)	Absolute (95% CI)	
Completion	41/70 (58.6%)	37/80 (46.2%)	RR 1.27 (0.97 to 1.66)	-	⨁⨁⨁◯ Moderate

Abstinence at endpoint	30/70 (42.9%)	18/80 (22.5%)	RR 1.90 (1.21 to 3.01)	-	⨁⨁⨁◯ Moderate
Abstinence at 1-month follow-up	16/42 (38.1%)	17/48 (35.4%)	RR 1.08 (0.63 to 1.85)	-	⨁⨁◯◯ Low
Abstinence at 3-month follow-up	23/70 (32.9%)	16/80 (20%)	RR 1.64 (0.94 to 2.86)	-	⨁⨁◯◯ Low
Abstinence at 6-month follow-up	12/70 (17.1%)	8/80 (10%)	RR 1.71 (0.74 to 3.96)	-	⨁⨁◯◯ Low

Footnotes:

1. CIs do not favour either intervention
2. No blinding

Table A17-8. Lofexidine versus clonidine

Quality assessment

No of studies	Design	Limitations	Consistency	Directness	Other considerations
Completion of treatment (Carnwath1998, Gerra2001)					
2	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[1,]
Abstinence at 1-month follow-up (Carnwath1998)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[2,]
Initiation of naltrexone maintenance (Gerra2001)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[2,]
Adverse events: Hypotension (Kahn1997, Lin1997)					
2	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[3]
Serious adverse events (Kahn1997)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[2,3] Very strong association (+2)[4]

Summary of findings

Outcome	No of patients		Effect		Quality
	Lofexidine	Clonidine	Relative (95% CI)	Absolute (95% CI)	
Completion of treatment	35/46 (76.1%)	29/44 (65.9%)	RR 1.16 (0.90 to 1.50)	-	⨁⨁⨁◯ Moderate
Abstinence at 1-month follow-up	17/26 (65.4%)	12/24 (50%)	RR 1.31 (0.80 to 2.13)	-	⨁⨁⨁◯ Moderate

Initiation of naltrexone maintenance	14/20 (70%)	13/20 (65%)	RR 1.08 (0.77 to 1.66)	-	⨁⨁⨁◯ Moderate
Adverse events: Hypotension	21/54 (38.9%)	29/54 (53.7%)	RR 0.72 (0.48 to 1.08)	-	⨁⨁⨁◯ Moderate
Serious adverse events	0/14 (0%)	4/14 (28.6%)	RR 0.11 (0.01 to 1.89)	-	⨁⨁⨁⨁ High

Footnotes:

1. Small N
2. Single study
3. CIs do not favour either intervention
4. Very large effect (RR <= 0.2 or >= 5)

Table A17-9. Methadone plus adrenergic agonist versus methadone plus placebo

Quality assessment

No of studies	Design	Limitations	Consistency	Directness	Other considerations
Completion of treatment (Ghodse1994, San1994)					
2	Randomised trials	No limitations	Important inconsistency (-1)[1]	No uncertainty	None
Left study early due to hypertension (Ghodse1994)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[2] Very strong association (+2)[3]

Summary of findings

Outcome	No of patients		Effect		Quality
	Methadone + adrenergic agonist	Methadone alone	Relative (95% CI)	Absolute (95% CI)	
Completion of treatment	58/111 (52.3%)	63/119 (52.9%)	RR 0.98 (0.77 to 1.25)	/1 000 (to)	⨁⨁⨁◯ Moderate
Left study early due to hypertension	9/42 (21.4%)	1/44 (2.3%)	RR 9.43 (1.25 to 71.24)	/1 000 (to)	⨁⨁⨁⨁ High

Footnotes:

1. Significant heterogeneity (I^2 >= 0.5)
2. Single study
3. Very large effect (RR >= 5 or <= 0.2)

Table A17-10. Opioid agonist versus benzodiazepine

Quality assessment

No of studies	Design	Limitations	Consistency	Directness	Other considerations
Completion of treatment (Drummond1989, Schneider2000)					
2	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[1]

Summary of findings

Outcome	No of patients		Effect		Quality
	Methadone or buprenorphine	Benzodiazepines	Relative (95% CI)	Absolute (95% CI)	
Completion of treatment	16/28 (57.1%)	11/23 (47.8%)	RR 1.19 (0.71 to 1.98)	-	⨁⨁⨁◯ Moderate

Footnotes:

1. CIs do not favour either treatment

Table A17-11. Higher versus lower methadone dose

Quality assessment

No of studies	Design	Limitations	Consistency	Directness	Other considerations
Completion of detoxification (Banys 1994, Strain 1999)					
0	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[1]

Summary of findings

Outcome	No of patients		Effect		Quality
	Higher methdone dose	Lower methadone dose	Relative (95% CI)	Absolute (95% CI)	
Completion of detoxification	23/73 (31.5%)	15/69 (21.7%)	RR 1.45 (0.83 to 2.54)	-	⨁⨁⨁◯ Moderate

Footnotes:

1. CIs do not favour either treatment

Table A17-12. Opioid antagonist-accelerated detoxification versus no opioid antagonist

Quality assessment

No of studies	Design	Limitations	Consistency	Directness	Other considerations
Completion of treatment (Beswick2003, Gerra1995, O'Connor1997, Umbricht1999)					
4	Randomised trials	No limitations	Important inconsistency (-1)[1,]	No uncertainty	Imprecise or sparse data (-1)[3,]
Abstinence throughout follow-up (Beswick2003)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[2,]
Abstinent in past month at follow-up (Beswick2003)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[2,]
Left study early due to withdrawal (Umbricht1999)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[2,]
Relapsed at follow-up (Gerra2000)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[2,]
Concordance with naltrexone maintenance at 3-month follow-up (Gerra2000)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[2,]
Self-rated withdrawal severity: Peak (Gerra1995, O'Connor1997. Better indicated by: lower scores)					
2	Randomised trials	No limitations	Important inconsistency (-1)[1]	No uncertainty	Imprecise or sparse data (-1)[3]
Self-rated withdrawal severity: Mean (O'Connor1997, Umbricht1999. Better indicated by: lower scores)					
2	Randomised trials	No limitations	Important inconsistency (-1)[1,]	No uncertainty	Imprecise or sparse data (-1)[3,]
Abstinent at 6-month follow-up (Gerra 2000)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[2,]

Summary of findings

Outcome	No of patients		Effect		Quality
	Opiate antagonist-accelerated detoxification	No opioid antagonists	Relative (95% CI)	Absolute (95% CI)	
Completion of treatment	135/173 (78%)	124/162 (76.5%)	RR 1.01 (0.90 to 1.13)	-	⊕⊕◯◯ Low
Abstinence throughout follow-up	9/45 (20%)	4/46 (8.7%)	RR 2.30 (0.76 to 6.94)	-	⊕⊕⊕◯ Moderate
Abstinent in past month at follow-up	16/45 (35.6%)	12/46 (26.1%)	RR 1.36 (0.73 to 2.55)	-	⊕⊕⊕◯ Moderate
Left study early due to withdrawal	4/32 (12.5%)	2/28 (7.1%)	RR 1.75 (0.35 to 8.84)	-	⊕⊕⊕◯ Moderate
Relapsed at follow-up	15/32 (46.9%)	18/32 (56.2%)	RR 0.83 (0.52 to 1.35)	-	⊕⊕⊕◯ Moderate
Concordance with naltrexone maintenance at 3-month follow-up	24/32 (75%)	17/32 (53.1%)	RR 1.41 (0.96 to 2.07)	-	⊕⊕⊕◯ Moderate
Self-rated withdrawal severity: Peak	96	88	-	SMD 0.95 (-1.20 to 3.10)	⊕⊕◯◯ Low
Self-rated withdrawal severity: Mean	79	83	-	SMD 0.51 (-0.58 to 1.60)	⊕⊕◯◯ Low

Abstinent at 6-month follow-up	14/32 (43.8%)	17/32 (53.1%)	RR 0.82 (0.49 to 1.37)	-	⨁⨁⨁◯ Moderate

Footnotes:

1. I^2 >= 0.5
2. Single study
3. CIs do not favour either intervention

Table A17-13. Ultra-rapid detoxification under general anaesthesia or heavy sedation versus detoxification under minimal sedation

Quality assessment

No of studies	Design	Limitations	Consistency	Directness	Other considerations
Started 50mg naltrexone maintenance dose (versus clonidine control) (Collins2005, Favrat2006, McGregor2002)					
3	Randomised trials	No limitations	Important inconsistency (-1)[2,3]	No uncertainty	Strong association (+1)[1]
Serious adverse events (Seoane1997, Collins2005, De Jong2005)					
3	Randomised trials	No limitations	No important inconsistency	No uncertainty	Strong association (+1)[1]
Completion of detoxification (McGregor2002, Krabbe2003, Collins2005, Favrat2006)					
4	Randomised trials	No limitations	Important inconsistency (-1)[2]	No uncertainty	Imprecise or sparse data (-1)[3]
Abstinence: opiate negative urinalysis, hair analysis or self-report (1 month followup) (Krabbe2003, De Jong2005)					
2	Randomised trials	No limitations	Important inconsistency (-1)[2]	No uncertainty	Imprecise or sparse data (-1)[3]
Abstinence: opiate negative urinalysis, hair analysis or self-report (3 month followup) (Krabbe2003, Collins2005, Favrat2006)					
3	Randomised trials	No limitations	No important inconsistency	No uncertainty	Strong association (+1)[1]
Abstinence: opiate negative urinalysis, hair analysis or self-report (6 months followup) (McGregor2002)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[4] Strong association (+1)[1]
Abstinence: opiate negative urinalysis, hair analysis or self-report (12 months followup) (McGregor2002)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[3,4]
Started 50mg naltrexone maintenance dose (versus naltrexone w/o anaesthesia) (De Jong2005)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[4]

Summary of findings

Outcome	No of patients		Effect		Quality
	Ultra-rapid detoxification under anaesthesia	Detoxification under minimal sedation	Relative (95% CI)	Absolute (95% CI)	
Started 50mg naltrexone maintenance dose (versus clonidine control)	75/122 (61.5%)	22/118 (18.6%)	RR 3.87 (1.03 to 14.54)	-	⊕⊕⊕⊕ High
Serious adverse events	17/322 (5.3%)	4/322 (1.2%)	RR 3.62 (1.36 to 9.61)	-	⊕⊕⊕⊕ High
Completion of detoxification	115/137 (83.9%)	72/133 (54.1%)	RR 1.67 (0.88 to 3.18)	-	⊕⊕◯◯ Low
Abstinence: opiate negative urinalysis, hair analysis or self-report (1-month followup)	101/152 (66.4%)	87/150 (58%)	RR 1.54 (0.66 to 3.59)	-	⊕⊕◯◯ Low
Abstinence: opiate negative urinalysis, hair analysis or self-report (3-month followup)	26/86 (30.2%)	12/83 (14.5%)	RR 2.08 (1.18 to 3.68)	-	⊕⊕⊕⊕ High
Abstinence: opiate negative urinalysis, hair analysis or self-report	11/51 (21.6%)	4/50 (8%)	RR 2.70 (0.92 to 7.91)	-	⊕⊕⊕⊕ High

(6-months followup)					
Abstinence: opiate negative urinalysis, hair analysis or self-report (12-months followup)	10/51 (19.6%)	7/50 (14%)	RR 1.4 (.58 to 3.39)	-	⨁⨁⨁◯ Moderate
Started 50mg naltrexone maintenance (versus naltrexone without anaesthesia)	123/137 (89.8%)	133/135 (98.5%)	RR 0.91 (0.86 to 0.97)	-	⨁⨁⨁◯ Moderate

Footnotes:

1. Large effect (RR >=2)
2. Significant heterogeneity (I squared > 0.5)
3. CI do not favour either intervention
4. Single study

Table A17-14. Rapid detoxification under moderate sedation versus clonidine

Quality assessment

No of studies	Design	Limitations	Consistency	Directness	Other considerations
Completion of treatment (Arnold-Reed2005)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[1] Strong association (+1)[2]
Abstinence: opiate-negative urinalysis, hair analysis or self-report (1-month follow-up) (Arnold-Reed2005)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[1]
Started 50mg naltrexone maintenance (Arnold-Reed2005)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[1]
100% concordance with naltrexone during 1-month follow-up (Arnold-Reed2005)					
1	Randomised trials	No limitations	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[1]
Withdrawal severity: mean (Arnold-Reed2005)					
1	Randomised trials	Serious limitations (-1)[3]	No important inconsistency	No uncertainty	Imprecise or sparse data (-1)[1]

Summary of findings

Outcome	No of patients		Effect		Quality
	Rapid detoxification under moderate sedation	Clonidine under minimal sedation	Relative (95% CI)	Absolute (95% CI)	
Completion of treatment	36/41 (87.8%)	11/39 (28.2%)	RR 3.11 (1.86 to 5.20)	-	⨁⨁⨁⨁ High

Abstinence: opiate-negative urinalysis, hair analysis or self-report (1-month follow-up)	14/36 (38.9%)	6/20 (30%)	RR 1.30 (0.59 to 2.84)	-	⨁⨁⨁◯ Moderate
Started 50mg naltrexone maintenance	31/36 (86.1%)	10/20 (50%)	RR 1.72 (1.09 to 2.72)	-	⨁⨁⨁◯ Moderate
100% concordance with naltrexone over 1-month follow-up	20/36 (55.6%)	8/20 (40%)	RR 1.39 (0.75 to 2.56)	-	⨁⨁⨁◯ Moderate
Withdrawal severity: Mean	33	8	-	SMD -1.70 (-2.56 to -0.84)	⨁⨁◯◯ Low

Footnotes:

1. Single study
2. RR >= 2
3. Not intent-to-treat, with large dropout rate