

Characteristics of Included Studies

Methods	Participants	Outcomes	Interventions	Notes
<p>BANYS1994</p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Type of Analysis: Per protocol</p> <p>Blindness: Double blind</p> <p>Duration (days): Mean 180</p> <p>Setting: San Francisco, USA</p>	<p>n= 38</p> <p>Age:</p> <p>Sex: 22 males 16 females</p> <p>Diagnosis: 100% Opiate dependence by DSM-III-R</p> <p>Exclusions: - Age outside range 18-65 - No accessible veins - Pregnant - Contraindications to high dose methadone - Been on methadone in past 30 days - -ve opiate or +ve methadone urine screen - <3 nonpurposive signs of opiate withdrawal</p> <p>Baseline: +ve urinalysis for other drugs: 38% cocaine, 8% amphetamine, 11% BDZ, 3% barbiturates</p>	<p>Data Used</p> <p>Urinalysis</p> <p>Withdrawal severity</p> <p>Retention: duration in treatment</p> <p>Notes: Twice weekly urine screens on random days; either test being +ve marked as +ve for the week</p>	<p>Group 1 N= 19</p> <p>Opiate agonist: methadone with Outpatient - High-dose group: Started on 30mg, raised to 80mg over 10 days, maintained until day 101, then tapered linearly during days 102-180</p> <p>Group 2 N= 19</p> <p>Opiate agonist: methadone with Outpatient - Low-dose group: Started on 30mg, raised to 40mg on day 2, maintained until day 101, then tapered linearly to 0 over days 102-180 (with 1mg on days 178-180)</p>	<p>Two patients from high-dose group could not tolerate full 80mg dose and were analysed in low-dose group, and excluded from analysis respectively</p> <p>Study quality 1+</p>
<p>STRAIN1999</p> <p>Study Type: RCT (randomised controlled trial)</p> <p>Study Description: Randomisation in sealed envelopes by pharmacy staff and RAs without any patient contact.</p> <p>Dosage always double-blinded; methadone administered in syrup</p> <p>Blindness: Double blind</p> <p>Duration (days): Mean 280</p> <p>Setting: 40-week outpatient methadone programme, USA</p> <p>Notes: RANDOMISATION: Stratified on cocaine use status and level of opiate use</p> <p>Info on Screening Process: 192 randomised > 111 completed stabilisation phase and entered taper phase</p>	<p>n= 192</p> <p>Age: Mean 38</p> <p>Sex: 124 males 68 females</p> <p>Diagnosis: 100% Opiate dependence by Clinical assessment</p> <p>Exclusions: - Age < 18 - No documentation of >=2 previous methadone detox attempts, no opiate +ve urine sample or no physical evidence for needle use - Any chronic medical illness - Any major mental illness - Positive pregnancy test result - Treatment at this clinic in past month</p> <p>Notes: ETHNICITY: 94% white</p> <p>Baseline: (GROUPS: Moderate dose / High dose) Legally free: 66.0% / 77.9% Previous treatments: 4.0 / 4.2 Use in past week: Opiates 25.8 / 24.7; Cocaine 4.5 / 6.6; BDZs 0.2 / 0.2</p>	<p>Data Used</p> <p>Completion</p> <p>Opiate use</p> <p>Urinalysis</p>	<p>Group 1 N= 97</p> <p>Opiate agonist: methadone with Outpatient - Wk1: 30mg Wk2-6: 2mg increase each week (up to 40mg/day) Wk8-30: If 2 out of past 4 urines test opiate +ve, 5mg dose increase given (max up to 50mg) Dose decreases at patient's request, or if past 6 urines -ve Wk 31-40: Taper at rate of 10% per week</p> <p>Psychosocial: group therapy - Counsellor set treatment goals and developed individual treatment plan. Weekly individual and group therapy focusing on relapse prevention.</p> <p>Group 2 N= 95</p> <p>Psychosocial: group therapy - As per moderate dose group</p> <p>Opiate agonist: methadone - Wk1: 30mg Wk2-6: 2mg increase each week (up to 80mg/day) Wk8-30: If 2 out of past 4 urines test opiate +ve, 10mg dose increase given (max up to 100mg) Dose decreases at patient's request, or if past 6 urines -ve Wk 31-40: Taper at rate of 10% per week</p>	<p>Study quality 1++</p>

References of Included Studies

BANYS1994

(Published Data Only)

Banys, P., Tusel, D. J., Sees, K. L., Reilly, P. M., & Delucchi, K. L. (1994). Low (40 mg) versus high (80 mg) dose methadone in a 180-day heroin detoxification program. Journal of Substance Abuse Treatment., 11, 225-232.

STRAIN1999

Strain, E. C., Bigelow, G. E., Liebson, I. A., & Stitzer, M. L. (1999). Moderate- vs high-dose methadone in the treatment of opioid dependence: a randomized trial.[see comment]. *JAMA.*, 281, 1000-1005.