The perils of supervised consumption – a case study

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In the summer of 2016 I was called on the weekend to come to the clinic and review a patient of mine in her mid 50s with COPD who had been discharged from hospital having been admitted with a bout of pneumonia. She was prescribed 90mg methadone daily for many years and attended the clinic once weekly for her medication. She had a history of alcohol dependence and her liver was compromised although she had significantly addressed this problem over the previous couple of years. The reason I was called to see her was that she was given her dose of 90mg for a few days in hospital and went into respiratory arrest necessitating resuscitation with Naloxone. The following day she was prescribed 40mg of methadone and later that day went back into respiratory arrest which was again promptly reversed.

It transpired that this lady was actually taking 20mg of methadone daily for many years despite being prescribed 90mg. It appears that the accumulation of 90mg over 3-4 days in hospital was sufficient to overcome her opioid tolerance and cause an almost fatal respiratory arrest.

The fact this lady's liver was compromised and her respiratory and general physical health were poor likely contributed to the problem. Had the confined environment not had prompt emergency medical intervention available (such as would likely be the case in prison) this lady would probably have died.

There were a number of learning curves that came out of this near miss. Many patients who are prescribed take home doses may be taking considerably less methadone than prescribed. Forcing them to consume a dose greater than their tolerance could be fatal. Interesting, when you consider that supervised consumption is often cited as improving safety in the delivery of OST.