A1.5  What maintenance doses of methadone should be used?

**GRADE evidence profile**

**Author(s):**  Amato L, Minozzi S  
**Date:**  24 March 2006  
**Question:**  Should methadone maintenance (40–59 mg/day) versus methadone maintenance (1–39 mg/day) be used for opioid dependence?  
**Patient or population:**  Opioid dependents  
**Settings:**  Outpatient  
**Systematic review:**  Faggiano F et al. Methadone maintenance at different dosages for heroin dependence (CLIB 3, 2003)\(^{140}\).

<table>
<thead>
<tr>
<th>Quality assessment</th>
<th>Summary of findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. of patients</td>
<td>Methadone maintenance medium doses (40–59 mg/day)</td>
</tr>
<tr>
<td>-------------------</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>Retention in treatment (^{140}) (objective follow-up: 20 weeks)</td>
<td></td>
</tr>
<tr>
<td>1(^{a}) Randomized trial</td>
<td>No limitations(^{a})</td>
</tr>
<tr>
<td>Mortality (^{140}) (objective follow-up: 6 years)</td>
<td></td>
</tr>
<tr>
<td>1(^{a}) Observational studies(^{a})</td>
<td>No limitations(^{a})</td>
</tr>
</tbody>
</table>

\(^{a}\) Outpatient, conducted in the United States.  
\(^{b}\) Double blind, allocation concealment unclear.  
\(^{c}\) Only one study.  
\(^{d}\) Fixed effect model.  
\(^{e}\) One CPS, outpatient, conducted in Dutch; for CPS medium doses = 55–70 mg/day; low doses = 5–55 mg/day.  
\(^{f}\) One CPS of moderate quality.  
\(^{g}\) Large confidence interval.  
\(^{h}\) CPS.

**GRADE evidence profile**

**Author(s):**  Amato L, Minozzi S  
**Date:**  24 March 2006  
**Question:**  Should methadone maintenance (60–120 mg/day) versus methadone maintenance (1–39 mg/day) be used for opioid dependence?  
**Patient or population:**  Opioid dependents  
**Settings:**  Outpatient  
**Systematic review:**  Faggiano F et al. Methadone maintenance at different dosages for heroin dependence (CLIB 3, 2003)\(^{140}\).

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</tr>
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<td>--------------------------------------</td>
</tr>
<tr>
<td>Retention in treatment at 7–26 weeks (objective follow-up: 7–26 weeks)</td>
<td></td>
</tr>
<tr>
<td>5 Randomized trials</td>
<td>No limitations</td>
</tr>
<tr>
<td>Opioid abstinence (proportion of negative urine samples over 12 weeks)</td>
<td></td>
</tr>
<tr>
<td>1 Randomized trials</td>
<td>No limitations</td>
</tr>
<tr>
<td>Opioid abstinence at 3–4 weeks (urinalysis)</td>
<td></td>
</tr>
<tr>
<td>3 Randomized trials</td>
<td>No limitations</td>
</tr>
<tr>
<td>Cocaine abstinence at 3–4 weeks (urinalysis)</td>
<td></td>
</tr>
<tr>
<td>2 Randomized trials</td>
<td>No limitations</td>
</tr>
</tbody>
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\(^{a}\) Significant heterogeneity.
GRADE evidence profile

Author(s): Amato L, Minozzi S
Date: 24 March 2006
Question: Should methadone maintenance (60–120 mg/day) versus methadone maintenance (40–59 mg/day) be used for opioid dependence?
Patient or population: Opioid dependents
Settings: Outpatient
Systematic review: Faggiano F et al. Methadone maintenance at different dosages for heroin dependence (CLIB 3, 2003)[140].

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<tr>
<td>No of patients</td>
<td>Effect</td>
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<tr>
<td>Methadone maintenance (60–120 mg/day)</td>
<td>Methadone maintenance (40–59 mg/day)</td>
</tr>
<tr>
<td>Relative risk (RR)</td>
<td>95% CI</td>
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Retention in treatment at 7-13 weeks

- **2a** Randomized trials
- No limitations
- No important inconsistency
- No uncertainty
- Imprecise or sparse data (-1)
- **138/173** (79,8%)
- **137/174** (78,7%)
- **RR 1.01c** (0.91 to 1.12)
- **10 more/1 000** (80 less to 90 more)
- ⊕⊕ Moderate 7

Retention in treatment at 27-40 weeks

- **3d** Randomized trials
- No limitations
- No important inconsistency
- No uncertainty
- **157/277** (56,7%)
- **130/283** (45,9%)
- **RR 1.23c** (1.05 to 1.45)
- **100/1 000 more** (30 more to 190 more)
- ⊕⊕⊕⊕ High 7

Opioid abstinence

- **1f** Randomized trials
- No limitations
- No important inconsistency
- No uncertainty
- Very imprecise or sparse data (-2)
- **10/31** (32,3%)
- **6/28** (21,4%)
- **RR 1.51c** (0.63 to 3.61)
- **110/1 000 more** (120 less to 190 more)
- ⊕⊕ Moderate 7

Criminal activity

- **1k** Randomized trials
- No limitations
- No important inconsistency
- No uncertainty
- Very imprecise or sparse data (-2)
- WMD 0.05 (-0.03 to 0.13)
- ⊕⊕⊕ Low 6

Mortality

- **1m** Observational studies
- No limitations
- No important inconsistency
- No uncertainty
- Very imprecise or sparse data (-2)
- 0/316 (0%)
- 1/362 (0,3%)
- **RR 0.38c** (0.02 to 9.34)
- 0/1 000 (10 less to 10 more)
- ⊕⊕⊕ Very low 9

GRADE evidence profile

Author(s): Amato, Minozzi
Date: 24/03/2006
Question: Should Methadone maintenance very high doses (>120 mg/day) versus Methadone maintenance high doses (60–120 mg/day) be used for Opioid dependence?
Patient or population: Opioid-dependent patients Settings: Outpatient
Systematic review: Faggiano F et al. Methadone maintenance at different dosages for heroin dependence (CLIB 3, 2003)[140].

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<td>Effect</td>
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<td>Methadone maintenance very high doses (&gt;120 mg/day)</td>
<td>Methadone maintenance high doses (60–120 mg/day)</td>
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<tr>
<td>Relative risk (RR)</td>
<td>95% CI</td>
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Retention in treatment

- **1a** Randomized trials
- No limitations
- No important inconsistency
- No uncertainty
- Very imprecise or sparse data (-2)
- **25/40** (62,5%)
- **26/40** (65%)
- **RR 0.96c** (0.69 to 1.34)
- 0/1 000 less (240 less to 190 more)
- ⊕⊕⊕⊕ Low 1

* Both outpatient and both conducted in USA
* Both double blind, allocation concealment unclear
* Fixed effect model
* All outpatient and all conducted in USA
* Adequate allocation concealment, 2 unclear, 2 double blind, 1 single blind
* Outpatient, conducted in USA
* Based on urinalysis
* Double blind, allocation concealment unclear
* Only 1 study, few participants
* During the treatment
* Outpatient, conducted in USA
* Medium number/week of criminal activities
* 1 CPS, outpatient, conducted in Dutch. For CPS high doses = >75 mg/day, medium dose = 55–70 mg/day
* 1 CPS of moderate quality
* Few events

Annexes