Journal of Reward Deficiency Syndrome

http://dx.doi.org/10.17756/jrds.2015-013

Correction

Open Access

Correction: Do We Really Need to Continue Pharmacotherapy for Opioid Use Disorder (OUD) Indefinitely?

Rajendra D. Badgaiyan[1,2*], Sampada Sinha[1] and Kenneth Blum[3]

[1]*Laboratory of Molecular and Functional Imaging, Department of Psychiatry, University of Minnesota, Minneapolis MN 55414, USA*
[2]*Laboratory of Advanced Radiochemistry, University of Minnesota, Minneapolis MN 55414, USA*
[3]*Department of Psychiatry, McKnight Brain Institute, University of Florida Gainesville, FL, USA*

***Correspondence to:**
Prof. Rajendra D Badgaiyan, MD
Professor of Psychiatry
Director
Laboratory of Molecular and Functional Imaging
University of Minnesota
Minneapolis MN 55414, USA
E-mail: Badgaiyan@gmail.com

Received: June 13, 2015
Accepted: June 29, 2015
Published: June 30, 2015

Citation: Badgaiyan RD, Sinha S, Blum K. 2015. Correction: Do We Really Need to Continue Pharmacotherapy for Opioid Use Disorder (OUD) Indefinitely? *J Reward Defic Syndr* 1(2): 81.

Copyright: © 2015 Badgaiyan et al. This is an Open Access article distributed under the terms of the Creative Commons Attribution 4.0 International License (CC-BY) (http://creativecommons.org/licenses/by/4.0/) which permits commercial use, including reproduction, adaptation, and distribution of the article provided the original author and source are credited.

Published by United Scientific Group

Correction

This is a correction to following article "Do We Really Need to Continue Pharmacotherapy for Opioid Use Disorder (OUD) Indefinitely?" by Badgaiyan et al. 2015. J Reward Defic Syndr 1(1): 16-19.

The authors wish to make an amendment to the Abstract section in the paper. The original version of abstract

"It is unclear whether pharmacotherapy for opioid use disorder (OUD) should be continued for short or long-term. Before introduction of buprenorphine, methadone was the primary pharmacotherapy for OUD in the United States. Because of its specific pharmacokinetic properties methadone was recommended for long-term use with some justification. Introduction of buprenorphine however has altered the treatment protocol because of milder adverse effects and withdrawal symptoms. The adverse effects of buprenorphine are milder but not negligible. Therefore, indefinite prescription is justified only if there is a significant benefit. Studies that have compared short and long-term treatment of buprenorphine protocols do not show a significant benefit of long-term treatment over relatively short-term (few months) treatment protocols. Obviously, the ultra short-term treatment lasting a few days has very little or no benefit on long-term treatment of buprenorphine protocols that use buprenorphine for 3 to 9 months is comparable to that of the long-term (years to lifetime) treatment without financial and medical consequences of the long-term treatment" **should read**

"It is unclear whether pharmacotherapy for opioid use disorder (OUD) should be continued for short or long-term. Before the introduction of buprenorphine, methadone was the primary pharmacotherapy for OUD in the United States. Because of its specific pharmacokinetic properties methadone was recommended for long-term use with some justification. The introduction of buprenorphine, however, has altered the treatment protocols. Although Buprenorphine adverse effects and withdrawal symptoms are milder than for methadone, they are not negligible. Therefore, the indefinite prescription of buprenorphine is only justified when there is a significant benefit. Studies that have compared short and long-term treatment with buprenorphine protocols do not show a significant benefit of long-term treatment over relatively short-term (few months) treatment protocols. Obviously, ultra short-term treatment lasting a few days has very little or no benefit. Protocols that use buprenorphine, for 3 to 9 months, are as effective as long-term treatment, for years to lifetime, without the financial and medical consequences of the long-term treatment."

United Scientific Group and authors apologises for these errors and any consequent inconvenience to readers.