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SLOW-RELEASE ORAL MORPHINE (SROM) AS FURTHER MEDICATION IN OPIOID SUBSTITUTION TREATMENT (OST): RESULTS FROM A REGISTRATION STUDY

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Since 50 years oral methadone is the gold standard in OST. However, some of the heroin dependent patients refrain from this kind of treatment due to different reasons (e.g. no injections, limited well-being, excessive sweating). Additionally the prolongation of the QTc poses a clinical problem in double diagnosed patients as many medications that are necessary in the treatment of these patients, add to the QTc prolongation. Unconfirmed reports from different countries suggested that SROM could be a useful addition to the in Switzerland already registered substitution medications methadone, diamorphine, and buprenorphine. In order to test this assumption we conducted a prospective, multi-dose, open label, non-inferiority, cross-over study in a bi-national, multicentre setting over 11 weeks, in which methadone and SROM were compared (ITT population n = 276). Beyond this time-point, the participants were observed another 25 weeks. Main results were: The proportion of heroin-positive urine samples and retention rates under SROM was equal to the ones under methadone. The mean QTc-interval under methadone was significantly longer than that under SROM. Higher treatment satisfaction, fewer cravings for heroin, and lower mental stress were reported by patients under SROM. More Details will be presented. SROM is now registered in Switzerland as an OST medication.