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Alternative treatment approach for neonatal abstinence syndrome may shorten hospital stay

SAN FRANCISCO, Calif. - New research suggests a revamped, "common sense" approach to treating newborns suffering opioid withdrawal-gauging whether the baby can eat, sleep and be consoled within 10 minutes before administering drugs to wean them off exposure--may safely reduce the length of hospitalization they need.

An abstract of the study, "A Novel Approach to Evaluating and Treating Infants with Neonatal Abstinence Syndrome (NAS)," will be presented at the Pediatric Academic Societies 2017 Meeting in San Francisco on Sunday, May 7.

An estimated 95% of U.S. hospitals use the Finnegan Neonatal Abstinence Scoring System (FNASS) to guide treatment, based on 21 symptoms of opioid withdrawal. These include tremors, seizures, excessive crying, diarrhea, vomiting, congestion, sneezing and other symptoms that can make it difficult for the baby to eat and sleep. Babies with severe symptoms are started on pharmacologic therapy, typically using the narcotics morphine or methadone.

Researchers at Yale-New Haven Children's Hospital examined whether more non-pharmacologic interventions for NAS in a modified approach called the Eat, Sleep, Console (ESC) model, such as providing a low-stimulation environment, having mothers room-in with their infants and feeding them frequently, could help infants go home sooner.

Fifty babies were included in the study between March 2014 and August 2015. The researchers determined traditional FNASS guidelines would have indicated starting morphine treatment in 30 (60%) of the infants. With the ESC guidelines used instead, however, morphine was started on just 6 patients (12%).

The study also found that of the 301 patient days evaluated, the FNASS score recommended starting or increasing morphine therapy on one-quarter of the days. Instead, following the ESC model, morphine was started or increased on just 3 percent of the days.

Using the alternative approach helped reduce the length of hospitalization for infants with NAS from 22.5 to 5.9 days without an increase in readmission rate, said Matthew Grossman, M.D., an assistant professor of pediatrics at Yale School of Medicine and Quality and Safety Officer for the hospital who launched the ESC model there in 2011.

Abstract author Matthew Lipshaw, M.D., FAAP, said the findings are particularly important with the current opioid epidemic in the United States. The incidence of NAS increased fivefold between 2000-2015 in the United States, Dr. Lipshaw noted, resulting in an estimated $1.5 billion in hospital charges in 2012 alone.

"We found that a common sense approach based on the functional well-being of infants is a safe and more effective way to treat NAS than traditional treatment guidelines, substantially reducing exposure to opioids in these infants and better meeting patient needs," Dr. Lipshaw said.

Dr. Lipshaw will present the abstract, "A Novel Approach to Evaluating and Treating Infants with Neonatal Abstinence Syndrome," between 10:30 a.m. and 12:30 p.m. on Sunday, May 7, at the Moscone West Convention Center in San Francisco. The abstract is available at https://registration.pas-meeting.org/2017/reports/rptPAS17_Abstracts.asp.

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