



QT Prolongation Procedure

Procedure Number

CHC-MHS-0072

Version Nos:

1

1. Purpose

This Procedure outlines the process for the evaluation of West Coast District Health Board (WCDHB) Alcohol and Drug Service (ADS) methadone clients for the presence of risk factors for QT prolongation prior to initiating methadone treatment.

2. Application

This Procedure is to be followed by all WCDHB ADS staff members.

3. Definitions

There are no definitions associated with this Procedure.

4. Responsibilities

For the purposes of this Procedure:

Case Manager/Key Worker is responsible for ensuring that clients undergo an ECG prior to establishment of methadone maintenance and at regular review periods.

5. Resources Required

This Procedure requires no specific resources.

6. Process

- 1.00 Methadone is an effective treatment for opioid dependence. However high dose therapy has been linked to prolongation of the rate corrected QT interval (QTc) and torsades de pointes (TdP), a form of ventricular tachycardia requiring QTc prolongation. Methadone appears to prolong the QTc interval and may predispose susceptible patients to ventricular arrhythmias specifically TdP.
- 1.01 Regarding cardiac safety, treatment decisions must weigh patient benefits versus their risk profile for arrhythmia.
- 1.02 With regard to methadone treatment, it can be dispensed with both safety and efficacy so long as the potential for QTc prolongation is recognised and appropriate patients are screened and evaluated promptly.
- 1.03 Medsafe has highlighted the risk of prolongation of QT intervals. They have advised that all patients should be evaluated for the presence of risk factors for QT prolongation prior to initiating methadone treatment.
- 1.04 All patients in the work up to establishment of methadone maintenance should receive an ECG by their general practitioner, with a copy sent to the OST clinic.
- 1.05 If the ECG shows a QT prolongation greater than 500 microseconds for both men and women, a cardiology opinion should be sought prior to establishment.
- 1.06 Once established patients should receive a post establishment ECG at six months by their general practitioners as part of the six monthly review process.



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- 1.07 Patients on methadone maintenance, receiving a dose of 150 mg or more, should have an ECG performed by their general practitioner yearly.

7. Precautions And Considerations

- ➔ Methadone may predispose susceptible patients to ventricular arrhythmias
- ➔ All patients in the work up to establishment of methadone maintenance should receive an ECG
- ➔ Once established patients should receive a post establishment ECG at six months

8. References

NZS 8143:2001 National Mental Health Sector Standards

9. Related Documents

WCDHB MHS Service Provision Framework

Revision History	Version:	1
	Developed By:	ADS Service Manager
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