PITFALLS IN THE TREATMENT OF OPIOID USE DISORDER: WHY DO PATIENTS DROP OUT AND HOW DO WE ENCOURAGE RETENTION?

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PROGRESSION FROM EXPOSURE TO OVERDOSE

Exposure → Misuse → Addiction → Overdose

Prevention → Intervention → Treatment → Crisis Intervention
TREATMENT FOR OPIOID USE DISORDER

▪ Medication Assisted Treatment (MAT)
  ▪ Buprenorphine-naloxone = most widely accepted form of MAT*
    ▪ Reduces cravings but does not make the patient “high”
    ▪ Very good outcomes in scientific research (↓relapse, ↑quality of life)
    ▪ Prescribed on outpatient basis
    ▪ Treatment course: 6 months – indefinitely

▪ Counseling
  ▪ Federally required practice when a patient receives MAT
    ▪ Medication reduces cravings
    ▪ Counseling helps patients make lifestyle changes

BUPRENORPHINE-NALOXONE USE (VS. ABSTINENCE)

PERCENT OF PATIENTS

STAYED ENGAGED IN TREATMENT

94% Buprenorphine
72% Abstinence

DID NOT RELAPSE

43% Buprenorphine
36% Abstinence

MISCONCEPTIONS ABOUT TREATMENT INITIATION

▪ Many assume that the hardest part of getting “clean” is finding treatment
  ▪ Those with opioid use disorder...
    ▪ Don’t know that treatment exists
    ▪ Have tried methadone and did not like it (unaware of new medicine)
    ▪ Can’t access treatment (location / time / insurance / cost)
    ▪ Are worried about their privacy

▪ Expansion of service providers, dissemination of information, and expanded insurance coverage for buprenorphine-naloxone have alleviated some issues
  ▪ SUPPORT for Patients and Communities Act of 2018
BARRIERS TO TREATMENT ENGAGEMENT

- Among those who start treatment, failure rate is high
  - No shows
  - Continued use of illicit opioids
  - Use of other drugs/alcohol
  - Failure to use buprenorphine-naloxone
LOW ADHERENCE TO TREATMENT

- Derefinko et al (in press): 54% of MAT patients relapsed to opioid use in the first 5 office visits*

CAUSES OF LOW ENGAGEMENT AND ADHERENCE

- Opioids are extremely addictive - heightened sense of pain, decreased feelings of reward
  - “Chasing the dragon”
- Buprenorphine-naloxone does not fully replicate effects of opioids
- Impaired decision-making / impulsivity
  - Those who use opioids for prolonged periods seek immediate gratification
  - After successful treatment, decision-making improves
CAUSES OF LOW ENGAGEMENT AND ADHERENCE

▪ Behavioral change is challenging
  ▪ Takes time to change habits and recreate social networks

▪ Rural settings
  ▪ Fewer substance use treatment clinics
  ▪ Patients less likely to be insured

▪ Adverse Childhood Experiences (abuse and neglect)
  ▪ Patients with higher Adverse Childhood Experiences were less successful in treatment
  ▪ Reduced emotional resilience/use of opioids to cope?

THE SILVER LINING

- Derefinko et al. (in press): Each treatment visit associated with a 2% reduction in the odds of opioid relapse ($p=.008$)*

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PROMOTING ENGAGEMENT: REWARDS

- Ongoing work at the University of Tennessee Health Science Center:
  - Contingency management
    - Tangible rewards for showing up and taking medication
    - Effective at promoting engagement in the short term*

Drawback: Cost (can be close to $1.00 per day)

PROMOTING ENGAGEMENT: COUNSELING

- **Motivational Interviewing**
  - Encourage the individual to find own reasons for change
    - Improves self-efficacy and locus of control
  - Increases substance use treatment engagement*

- **Substance Free Activities**
  - Increase engagement in reinforcing activities that are not opioid-related**
  - Problem-solve access to these activities
  - Retrain delay of gratification

**Drawback: Requires trained counselor to execute**


PROMOTING ENGAGEMENT: PHYSICIAN TRAINING

▪ Trauma-Informed Care
  ▪ Majority of substance use treatment patients have history of trauma*
  ▪ Goal: Empower patient to make choices
    ▪ Interaction is collaborative, safe, and focused on patient strengths

▪ Physician Empathy Training
  ▪ Stigma continues to reside in addiction medicine
  ▪ Physician empathy is important
  ▪ Patients of healthcare providers trained in empathy skills are more likely to adhere**

Drawback: Cost, time, and maintenance of training for physicians and staff


TAKE HOME MESSAGES

▪ Treatment engagement = treatment success

▪ Treatment initiation is important
  ▪ But engagement is critical
    ▪ Critical period: First 5 visits

▪ Ways to promote engagement:
  ▪ Rewards for attendance and adherence to medication
  ▪ Counseling
  ▪ Physician and staff training
  ▪ Best method depends upon your setting

Questions?