

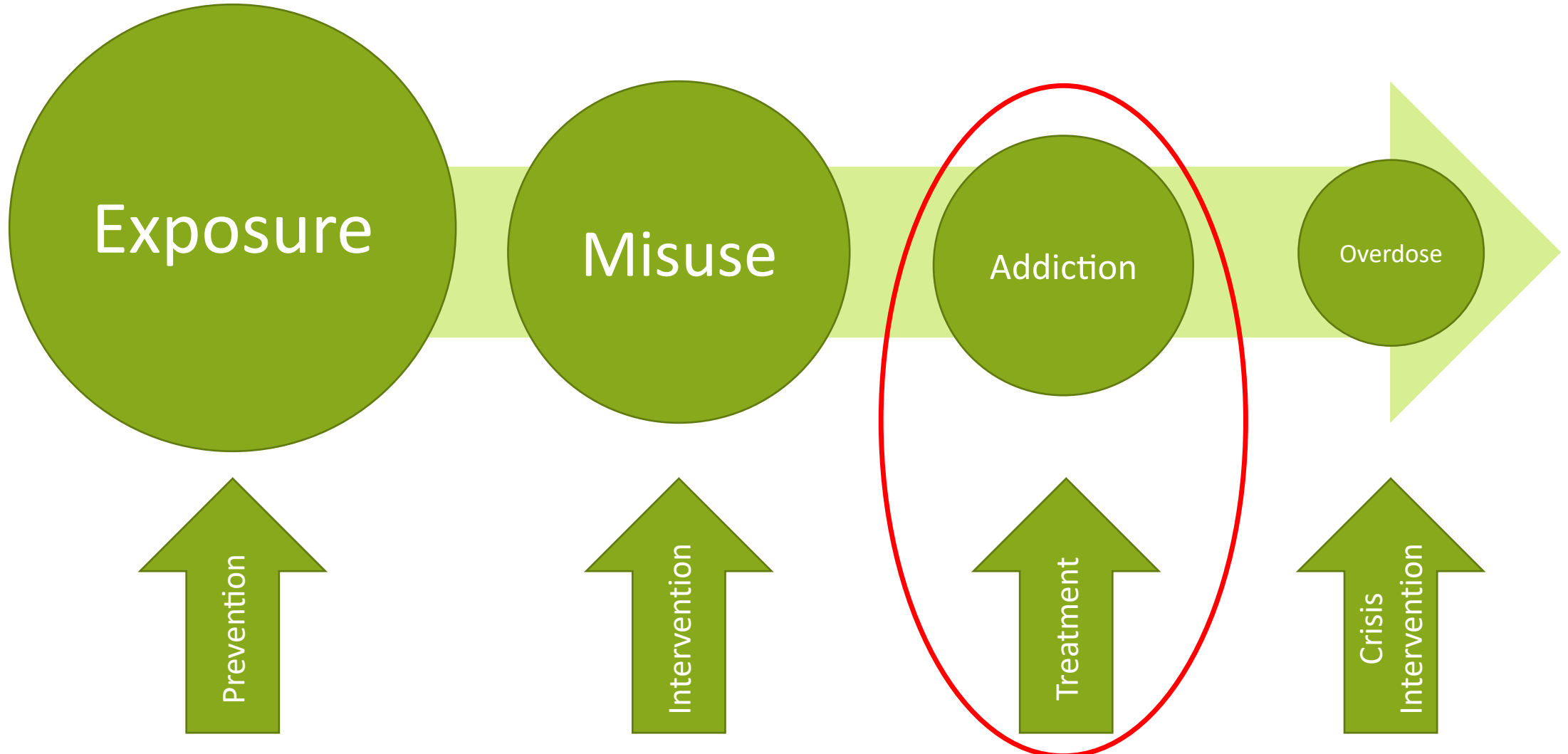


PITFALLS IN THE TREATMENT OF OPIOID USE DISORDER: WHY DO PATIENTS DROP OUT AND HOW DO WE ENCOURAGE RETENTION?

Dr. Karen Derefinko

Assistant Professor of Preventive Medicine at the University of Tennessee Health Science Center

PROGRESSION FROM EXPOSURE TO OVERDOSE



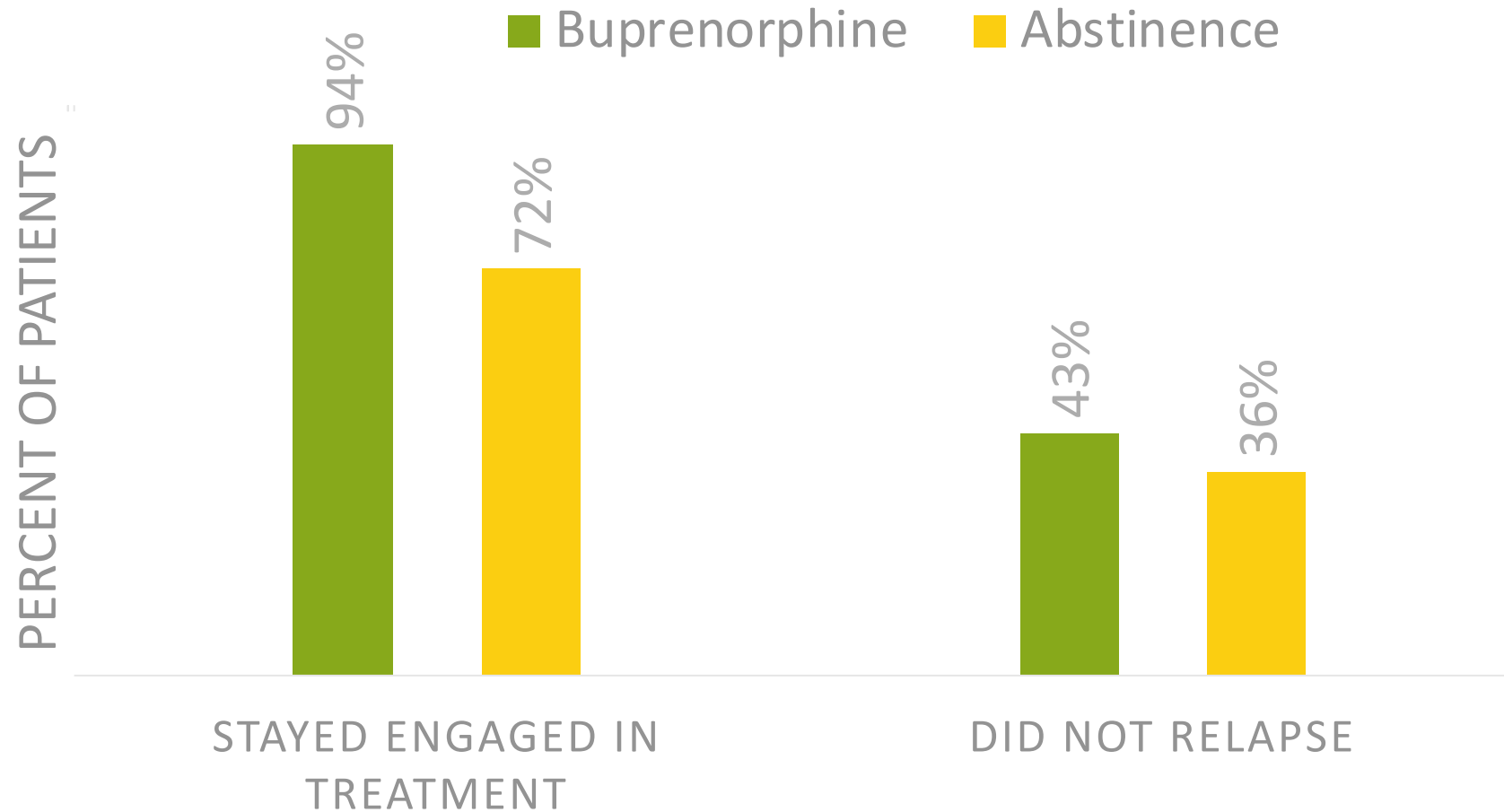
TREATMENT FOR OPIOID USE DISORDER

- 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



* Main, F., & Kelly, L. (2016). Systematic literature review on buprenorphine/naloxone use in outpatient opioid dependence treatment. Canadian Journal of Addiction, 7(1).

BUPRENORPHINE-NALOXONE USE (VS. ABSTINENCE)



* Lee, J. D., Nunes Jr, E. V., Novo, P., Bachrach, K., Bailey, G. L., Bhatt, S., ... & King, J. (2018). Comparative effectiveness of extended-release naltrexone versus buprenorphine-naloxone for opioid relapse prevention (X: BOT): a multicentre, open-label, randomised controlled trial. *The Lancet*, 391(10118), 309-318.

MISCONCEPTIONS ABOUT TREATMENT INITIATION

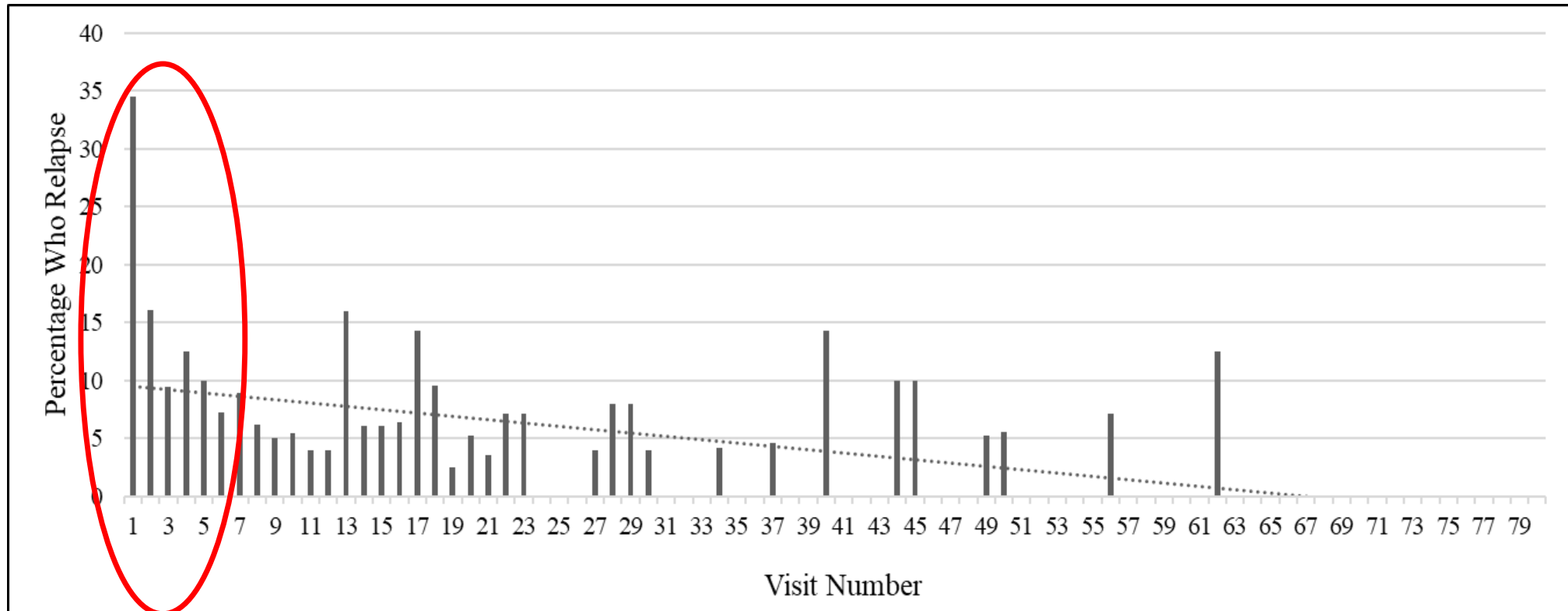
- Many assume that the hardest part of getting “clean” is finding treatment
 - Those with opioid use disorder...
 - Don't know that treatment exists
 - Have tried methadone and did not like it (unaware of new medicine)
 - Can't access treatment (location / time / insurance / cost)
 - Are worried about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



*Derefinko KJ, Salgado Garcia F, Talley K, Bursac Z, Johnson K, Murphy JG, McDevitt-Murphy M, Andrasik F, & Sumrok DD. (in press). Adverse Childhood Experiences Predict Opioid Relapse During Treatment among Rural Adults. Addictive Behaviors.

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

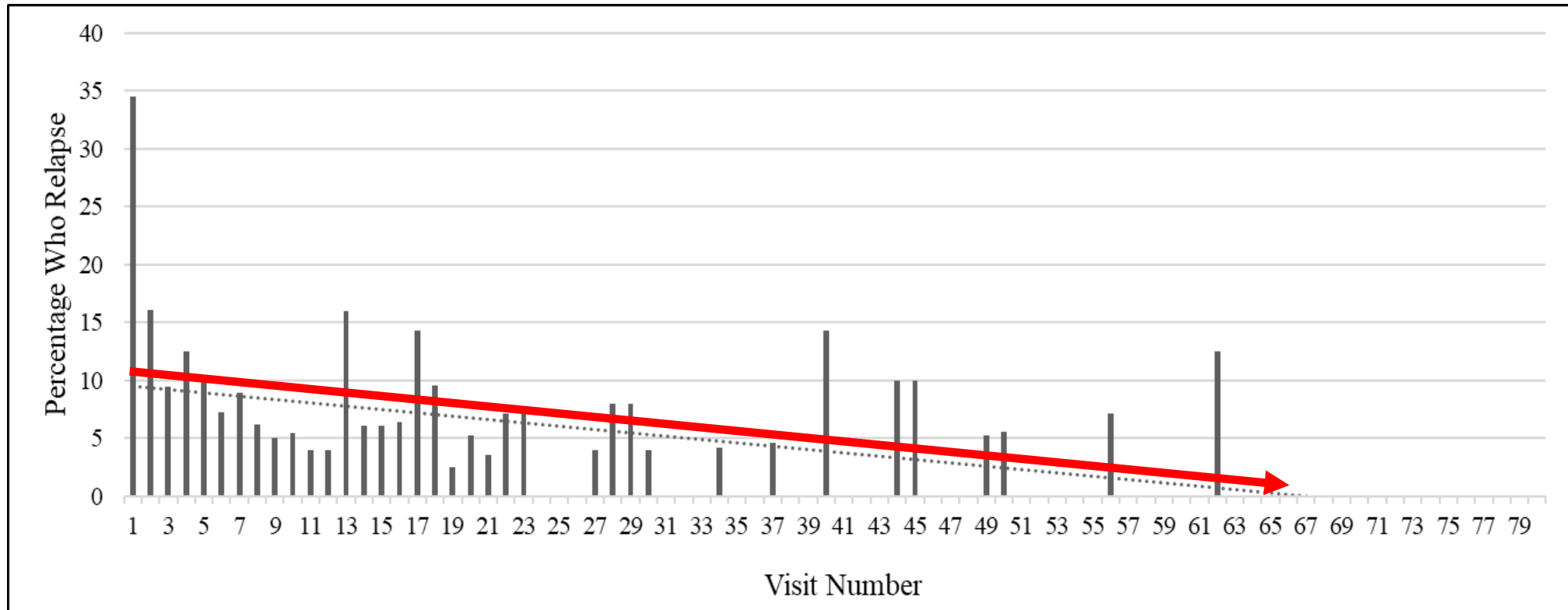


CAUSES OF LOW ENGAGEMENT AND ADHERENCE

- 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 ($p=.008$)*



*Derefinko KJ, Salgado Garcia F, Talley K, Bursac Z, Johnson K, Murphy JG, McDevitt-Murphy M, Andrasik F, & Sumrok DD. (in press). Adverse Childhood Experiences Predict Opioid Relapse During Treatment among Rural Adults. Addictive Behaviors.

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)



* Petry, N. M., Alessi, S. M., Rash, C. J., Barry, D., & Carroll, K. M. (2018). A randomized trial of contingency management reinforcing attendance at treatment: Do duration and timing of reinforcement matter?. *Journal of consulting and clinical psychology, 86*(10), 799.

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

* Carroll, K. M., Ball, S. A., Nich, C., Martino, S., Frankforter, T. L., Farentinos, C., ... & Polcin, D. (2006). Motivational interviewing to improve treatment engagement and outcome in individuals seeking treatment for substance abuse: A multisite effectiveness study. *Drug and alcohol dependence, 81*(3), 301-312.

** Murphy, J. G., Dennhardt, A. A., Skidmore, J. R., Borsari, B., Barnett, N. P., Colby, S. M., & Martens, M. P. (2012). A randomized controlled trial of a behavioral economic supplement to brief motivational interventions for college drinking. *Journal of consulting and clinical psychology, 80*(5), 876.

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

* Greenfield SF, Back SE, Lawson K, Brady KT. Substance abuse in women. *Psychiatr Clin North Am.* 2010;33(2):339–355. doi:10.1016/j.psc.2010.01.004

** Riess, H., Kelley, J. M., Bailey, R. W., Dunn, E. J., & Phillips, M. (2012). Empathy training for resident physicians: a randomized controlled trial of a neuroscience-informed curriculum. *Journal of general internal medicine, 27*(10), 1280-1286.

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?