



FACTORS THAT PREDICT EARLY TREATMENT FAILURE AMONG PATIENTS IN OUTPATIENT TREATMENT FOR OPIOID DEPENDENCE

Ruetsch C

OBJECTIVES Practice guidelines for treatment of opioid dependence released in Brazil recommend psychosocial treatment such as education and cognitive behavioral therapy as a core component of an overall treatment strategy. The purpose of this study was to investigate outcome differences between individuals in outpatient treatment for opioid dependence who received medication replacement therapy in conjunction with a formal psychosocial support program compared with those who received medication replacement therapy alone. In particular, we wished to understand whether or not and the extent to which adjunctive psychosocial support contributes to reducing early treatment failure for opioid dependence.

METHODS A quasi-experimental design was employed to randomly assign patients seeking treatment for opioid dependence to cases (standard treatment plus psychosocial support program) or controls (standard care alone). Data sources included patient self-report and administrative healthcare utilization claims. Collection of baseline measures coincided with treatment start with subsequent follow-up measures gathered at 1, 2, 3, and 6 months post baseline. More than 1500 subjects across the United States participated in the study. Primary endpoints include compliance and adherence to opioid dependence treatment, healthcare service utilization, psychosocial functioning, and addiction symptoms.

RESULTS Compared to controls, patients in outpatient treatment for opioid dependence who received additional patient support services like addiction education, treatment information, and assistance with locating other recovery resources, were less likely to experience early treatment withdrawal.

CONCLUSIONS This study demonstrates that when offered in conjunction with medication replacement therapy for opioid dependence, a formal psychosocial patient support program leads to longer periods of treatment retention and lower rates of relapse. In countries like Brazil where office-based opioid replacement therapy is the first-line treatment approach, additional patient support services can help reduce recurring relapse. This study has broad implications for communities affected by the morbidity and mortality associated with opioid abuse.