



Opioid dependence treatment outcomes improve with addition of structured patient support program

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BACKGROUND

Though buprenorphine replacement therapy (BRT) for opioid dependence is clinically effective, participation in ancillary activities may enhance medication compliance thereby improving treatment outcomes.

DISCLOSURE

Reckitt Benckiser Pharmaceuticals supported this research through an unrestricted grant.

OBJECTIVE

The current secondary analysis utilized cases from a randomized 6-month follow-up, controlled trial with measurement points at Baseline, 1, 2, 3, and 6 months. The trial focused on examining the influence of a telephonic-based patient support compliance-enhancement program on medication compliance and then on patient treatment outcomes among a sample of opioid-dependent patients receiving BRT.

METHODS

Subjects (N=362) were those randomly assigned to participate in the experimental arm of a larger study. Subjects were recruited from new BRT cases who met inclusion criteria. Subjects were randomly assigned to receive BRT or BRT plus a telephonic patient support medication compliance program (experimental arm). Measures included the Addiction Severity Index, Opioid Treatment Index, and Treatment Services Review.

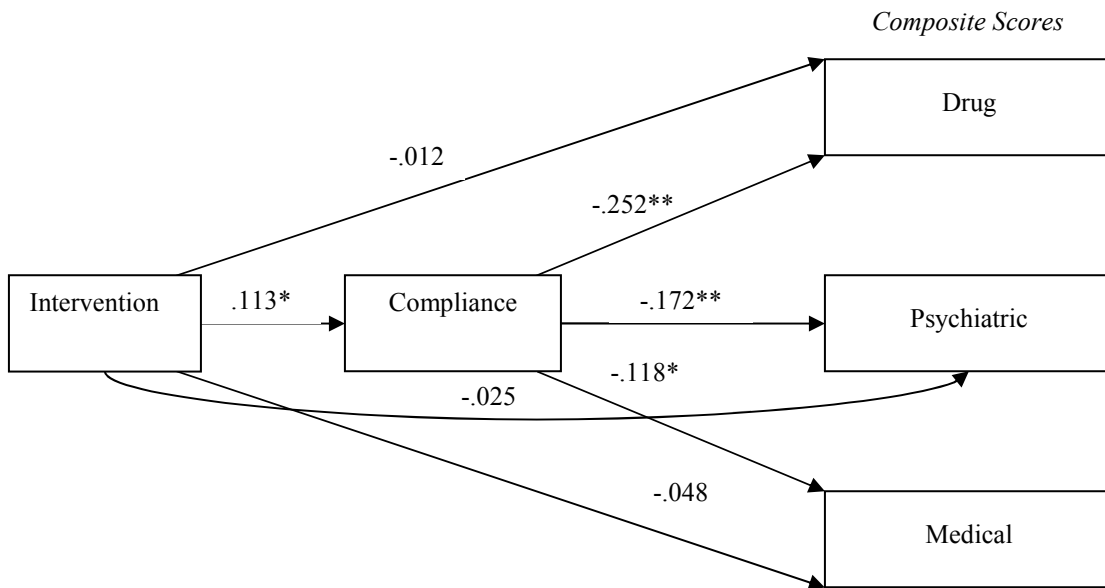
RESULTS

Path analysis was used to test the relative roles of 1) engagement in the support program; 2) medication compliance; 3) patient treatment outcomes at three months of treatment. The number of telephone sessions during the first three months of therapy correlated positively with number of days taking buprenorphine during the third month of therapy $r(361) = 0.113$, $P = 0.032$. ASI composite scores were regressed onto number of calls and days taking buprenorphine. Compliance predicted the drug ($\beta = -0.252$, $P = 0.001$), psychiatric ($\beta = -0.172$, $P = 0.001$), and medical ($\beta = -0.118$, $P = 0.027$) composite scores at three months (Figure 1). Number of calls did not predict any composite scores.

CONCLUSIONS

Buprenorphine compliance mediates the relationship between engagement in the support program and patient treatment outcomes (composite scores). Greater program involvement was associated with improved medication compliance. Compliance was associated with improved outcomes. Program involvement was not directly related to outcomes. Supplementing buprenorphine replacement therapy with a structured, telephonic compliance-enhancement program is an effective way to improve compliance with medication which then improves patient outcomes.

Figure 1. Intervention Compliance and Outcomes.



* significant at the .05 level
** significant at the .01 level