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Understanding Opioid Addiction and Relapse Risks for Patients in an Office Based Buprenorphine Treatment Program

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UNDERSTANDING OPIOID ADDICTION AND RELAPSE RISKS FOR PATIENTS IN AN OFFICE BASED BUPRENORPHINE TREATMENT PROGRAM

UNDER THE SUPERVISION OF DR. JESSICA BLOOM-FOSTER MD

EMMC CENTER FOR FAMILY MEDICINE RESIDENCY PROGRAM

PROJECT BY : RACHEL CARLSON C/O 2018

COLLABORATING WITH BRIANNA SPENCER C/O 2018

APRIL 2016

PROBLEM IDENTIFICATION

- Efforts to improve pain management in the 1990s by prescribing opioids has lead to an increase in opioid addiction. Opioid use has also correlated with the rising use of heroin. [1]
- A majority of treatment programs including buprenorphine and methadone are located in urban areas increasing the challenge for rural patients to seek and remain in treatment. [2]
- The EMMC Center for Family Medicine has a buprenorphine treatment program enrolling over 200 patients from both urban and rural areas surrounding Bangor.
- Several risk factors for relapse on buprenorphine treatment have been identified including comorbid anxiety disorders, active benzodiazepine use, or active alcohol abuse. However most of these studies focus on urban population. [3]
- It is important to identify risks for relapse and challenges to treatment in the unique population served at EMMC CFM in Bangor

PUBLIC HEALTH COST

- 1 of every 550 patients started on opioid therapy died of opioid related causes a median of 2.6 years after the first opioid prescription; the proportion was as high as 1 in 32 among patients receiving doses of 200 MME or higher [1]

In Maine:

- 7% adults ages 18-35 report misusing prescription drugs within their lifetime [4]
- 272 deaths in 2015 are attributed to substance abuse rising from 208 in 2014 [4]
- In 2014 7 out of 10 overdose deaths involved on opiate or opioid- 1 in 3 involved a benzodiazepine- 1 in 4 involved heroin- 1 in 5 involved oxycodone or fentanyl [4]

COMMUNITY PERSPECTIVE

Matthew Nutt LCSW CCS: Behavioral Medicine Counselor

Patricia Kimball LADC, CCS: Executive Director of Wellspring Substance Abuse and Mental Health Services

- How do you see substance abuse impacting this community
 - MN: “It is killing people. So many are profoundly impacted by the loss of life as the death toll rises”
 - PK: “It infiltrates everywhere. From law enforcement, crime, poverty....it is destroying families and the workforce”
- What are the biggest challenges each face while in treatment?
 - MN: “Number one is patients being honest with providers. Patients think will I get kicked out of treatment or lose my kids if I admit to a slip....Second is being able to afford treatment and another is having the transportation and funds to get to appointments each week.”
 - PK: “Patients struggle with the illness itself and maintaining sobriety. Many struggle and fail in jobs and have trouble getting loans and housing because of their previous actions while using.
- What are the biggest risks for relapse?
 - MN: “past relationships involving using....more challenging when family is using. Also feelings, stress, and boredom”
 - PK: Not having a sober support system, housing- not asking for help- and challenged by self regulation

INTERVENTION WITH METHODOLOGY

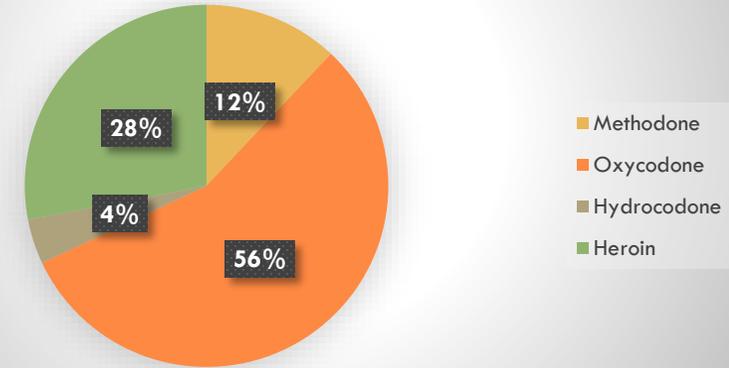
- Goal: To gain a greater understanding of relapse risks for patients undergoing office based buprenorphine treatment at EMMC CFM.
- Methodology:
 - Completed a retrospective chart analysis of at risk behaviors and 6 month relapse occurrence
 - Surveyed EMMC CFM providers assessing physician perceived risks for relapse
 - Created patient centered discussion questions to explore barriers to treatment and patient perceived risk factors for relapse
- Intervention
 - Data from Chart analysis will be compiled and analyzed for current research by Dr. Jessica Bloom-Foster MD, Faculty at EMMC CFM
 - Lead group session with patients in treatment identifying risks for relapse and barriers to treatment to aid in future relapse prevention strategies.

RESULTS: RETROSPECTIVE CHART ANALYSIS

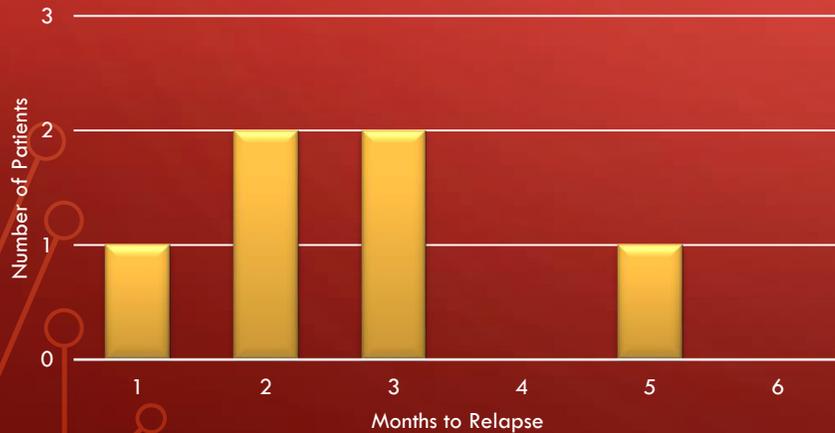
- Retrospective Chart Analysis Completed for N=20
- Analyzed: substance abuse hx, mental health diagnoses, and urine toxicology screens.
- Strongest correlation to relapse existed with partner abusing drugs status. (abusing=drug abuse)

	N=20
Mean Age	28.3
Mean Age Use Began	18.3
Percent Female	80%
Percent Pregnant	69%
Total Relapse (N=6)	30%
Pregnant Relapse (N=1)	9%

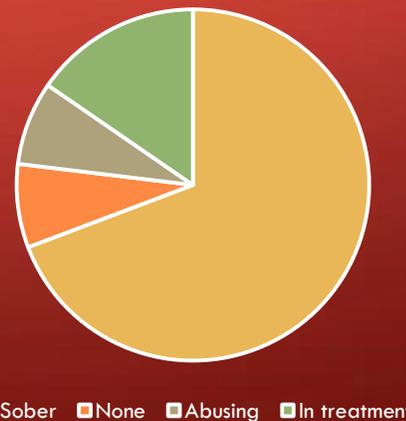
Preferred Opiate or Opioid at treatment Induction



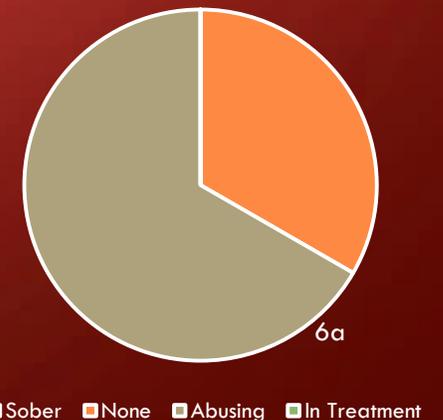
Months To Relapse



Partner Status of Patients in Recovery at 6 months



Partner Status of Relapsed Patients



RETROSPECTIVE CHART ANALYSIS DISCUSSION

- Total Relapse of 30% was consistent with previously collected data
- There was a strong correlation between partner use and relapse
- Pregnancy appeared to be a protective factor from relapsing. Pregnancy could be a motivational factor for change and remaining in treatment or current program structure is more flexible with allowing treatment to continue in pregnant patients who may have displayed problem behaviors
- After our discussion with patients and providers, transportation and travel distance to treatment was identified as a potential risk factor for relapse. Future studies could examine this factor in greater detail.

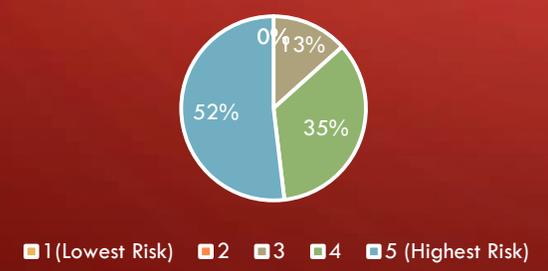
RESULTS: PROVIDER AND PATIENT PERSPECTIVE OF RISKS TO RELAPSE

Provider Perceived Relapse Risk (N=23)

Risk of relapse if partner is using opioids



Risk of relapse if missed 5 or more counseling appointments



Patient Centered Discussion

- What are some of the biggest risk for relapse
 - Old friends
 - Long distance to clinic
 - Stress/ Boredom
 - Being able to afford treatment
 - Judgement from providers
- What are some strategies to help people start treatment and remain in treatment
 - Support and encouragement from loved ones
 - Knowing when you need help
 - Change scenery- Move away
 - Peer support group
- What is your quality of life since being in treatment
 - I have hope
 - Feel like I have a future
 - Proud at how far I have come

EVALUATE EFFECTIVENESS AND LIMITATIONS

- **Effectiveness:**
 - Expanded retrospective chart analysis data to be included in future grant proposal
 - Identified partner drug use as significant risk for relapse
 - Gathered qualitative data involving patient perceived risk factors to explore future intervention strategies including challenges with transportation and affordability
 - Determined risks for relapse perceived by physicians were consistent with chart analysis risks for relapse including increase in missed appointments and partner use.
- **Limitations**
 - Did not have time for IRB Approval Process and was unable to conduct a formal group interview of patients
 - Males were underrepresented in study population
 - Study population did not look at transportation or distance from clinic which were two factors repeatedly discussed by providers and patients as perceived risk factors
 - Small sample size for both patient and provider surveys were impacted by timing constraint

RECOMMEND FUTURE

- Encourage physicians and staff to be open, honest, and nonjudgmental when working with patients in buprenorphine treatment.
- Obtain IRB approval to conduct a formal qualitative interview of patients undergoing treatment to gather expanded information on prevention strategies for relapse
- Include transportation, travel distance to clinic, and ability to pay to determine if these factors influence relapse- particularly with Bangor serving both an urban and rural population.
- Search for alternative treatment for partners still abusing as EMMC CFM has reached capacity and is open to pregnant patients at this time.

RESOURCES

1. Frieden, Thomas R., and Debra Houry. "Reducing the Risks of Relief—The CDC Opioid-Prescribing Guideline." *New England Journal of Medicine* (2016).
2. Leanardson, Jennifer, and Gale, John A. Ziller, Erica. "Rural Opioid Abuse: prevalence and User Characteristics." Research and Policy Brief. February 2016.
3. Ferri, Michael et al. "Predictive Factors for Relapse in Patients on Buprenorphine Maintenance." *The American journal on addictions / American Academy of Psychiatrists in Alcoholism and Addictions* 23.1 (2014): 62–67.PMC. Web. 27 Apr. 2016.
4. Hornby Zeller and Associates. "Substance Abuse Trends in Maine: State Epidemiological Profile 2015." Produced for Maine Department of Health and Human Services and office of Substance Abuse and Mental Health Services. July 2015

INTERVIEW CONSENT

- **Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library ScholarWorks website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work. The interviewer affirms that he/she has explained the nature and purpose of this project. The interviewee affirms that he/she has consented to this interview. Yes / No**
- **Name: Patricia Kimball: Executive Director of Substance Abuse and Mental Health Services**
- **Name: Matthew Nutt LCSW CCS: Behavioral Medicine Counselor**