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Improving Tennessee Health Care Providers Understanding of Neonatal Abstinence Syndrome

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IMPROVING TENNESSEE HEALTH CARE PROVIDERS UNDERSTANDING OF NEONATAL ABSTINENCE SYNDROME

Ivy Click, EdD & Nick Hagemeyer, PharmD, PhD
AppNET Conference
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DISCLOSURES

▶ Drs. Click and Hagemeyer **DO NOT** have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

OBJECTIVES

▶ Describe Neonatal Abstinence Syndrome (NAS) trends in Tennessee
▶ Explain the applicability of the Theory of Planned Behavior to prescriber and dispenser substance use prevention behaviors
▶ Describe preliminary study outcomes

NEONATAL ABSTINENCE SYNDROME

- ▶ Neonatal Abstinence Syndrome (NAS) is a **withdrawal syndrome that occurs when a baby is born dependent upon substances taken by the mother during pregnancy.**
- ▶ NAS can be associated with:
 - ▶ Prescription drugs obtained with prescription
 - ▶ Includes women on pain therapy or replacement therapy
 - ▶ Prescription drugs obtained without prescription
 - ▶ Illicit drugs

NAS SYMPTOMS

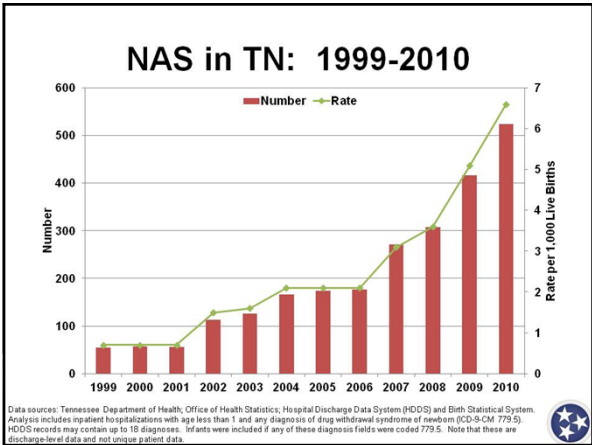
- ▶ Opioid withdrawal symptoms primarily related to:
 - ▶ **Central Nervous System:**
 - ▶ Seizures
 - ▶ Tremors
 - ▶ Hyperactivity
 - ▶ **Gastrointestinal System:**
 - ▶ Poor feeding
 - ▶ Vomiting
 - ▶ Poor weight gain
 - ▶ Diarrhea
 - ▶ Uncoordinated sucking

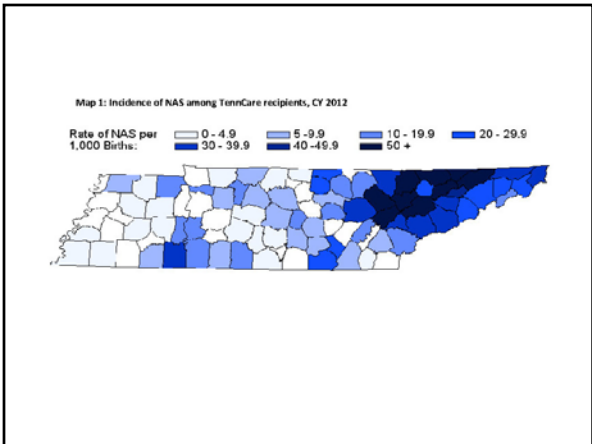
NAS SYMPTOMS

- ▶ Opioid withdrawal symptoms:
 - ▶ May appear as early as within the first 24 hours
 - ▶ May take as many as 4-5 days to appear
 - ▶ Occur in 55-94% of exposed infants

NAS IN TENNESSEE

- ▶ The incidence of NAS has increased by more than 10-fold during the last decade in Tennessee
- ▶ NAS incidence highest in **East TN**
- ▶ The substance of exposure is typically an **opioid**, which may or may not have been prescribed to the mother.
- ▶ Babies with NAS have significantly longer hospital stays than otherwise healthy infants and may be at risk for developmental delays or other health concerns as they grow.
 - ▶ The average cost to Medicaid (TennCare) for caring for an affected infant is over **\$66,000**.
- ▶ Infants with NAS are more likely to enter state custody, placing an additional toll on the state's child welfare system.

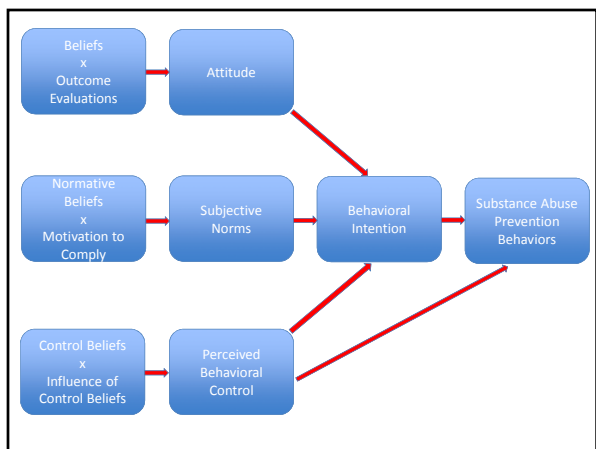




PREVENTION BEHAVIORS ARE ESSENTIALLY UNEXPLORED

STUDY RESEARCH QUESTIONS

- ▶ What are the attitudes, beliefs, and behaviors of Tennessee prescribers and dispensers specific to substance use in pregnancy and NAS primary prevention?
 - ▶ How do prescriber/dispenser perceptions and behaviors regarding substance use in pregnancy and NAS prevention differ across prescriber/dispenser characteristics?
- ▶ What is the impact of a pilot NAS primary prevention academic detailing intervention with AppNET prescribers and buprenorphine prescribers on NAS primary prevention attitudes, beliefs, and behaviors?



METHODS

- ▶ TPB instruments constructed
- ▶ Stratified random samples selected (N=100 each)
 - ▶ Buprenorphine "in-office" treatment authorized
 - ▶ Pain management clinic directors
 - ▶ Community pharmacists
 - ▶ Primary care physicians
 - ▶ Primary care NPs/PAs
- ▶ Pre-notification → Mailing #1 → Reminder → Mailing #2 → Telephone follow-up

SMALL GROUP ACTIVITY

PRELIMINARY RESULTS

