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Evaluating Relapse Risks for Patients in an Office Based Buprenorphine Treatment Program

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Evaluating relapse risks for patients in an office based buprenorphine treatment program

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IN COLLABORATION WITH RACHEL CARLSON

PROJECT MENTOR: DR. JESSICA BLOOM- FOSTER MD

EMMC - CENTER FOR FAMILY MEDICINE RESIDENCY PROGRAM

APRIL 2016

Problem Identification

- ▶ In Maine (2014)1 in 4 overdose deaths were due to heroin/morphine (4)
- ▶ Office based buprenorphine treatment is increasing as a safe opioid dependence therapy option
- ▶ EMMC Center for Family medicine has approximately 200 opioid dependent patients on buprenorphine
- ▶ Risks for patient relapse while on buprenorphine treatment has not been previously discussed at this facility
- ▶ We sought to understand patient perceived risks for relapse, provider perceived risks for relapse, and chart determined risks for relapse in order to provide future intervention strategies to prevent relapse

Public Health Cost

- ▶ Societal costs in the United States of prescription opioid abuse in 2007 was 55.7 billion and continues to rise (1)
- ▶ In 2010, the cost of drug abuse in Maine was approximately 1.4 billion dollars (2)
- ▶ From 2011-2014 there has been a 34% increase in drug overdose deaths in Maine (4)
- ▶ From 2005-2014 the number of drug affected babies increased by 480% in Maine
- ▶ Illicit drug use among 18-25 year olds was higher in Maine than United States overall
- ▶ There is not enough funding or treatment facilities to support the rise in opioid abuse in this area (3)

Community perspective

Carol Peavy FNP, Provides buprenorphine treatment

Eric Brown MD, Certified in Family Medicine and Addiction Medicine

- How do you see substance abuse impacting this community?
 - CP: Opioid use has skyrocketed since the late 90s. People in Maine are doing manual labor work and needed to reduce pain. They were prescribed the medication by their doctors. The value for opioid pain medications went up and people began selling and abusing the drugs."
 - EB: "In Bangor in particular, substance abuse is extremely prevalent because of the large hospital providing treatment for those using. There are currently not enough doctors in the area willing or trained to treat patients with buprenorphine."
- What are the biggest risks for relapse while in treatment?
 - CP: "The number one risk from what I have seen is a partner who is using or not in treatment, next would be lost insurance and third would be domestic abuse."
 - EB: "I think our patients feel that not having family support, long distance to treatment and over strict requirements for treatment increase their risk for relapse."
- What factors challenge their decision to stay in treatment?
 - CP: "Some people travel very far to come to their appointments and it is difficult to find transportation for all of the required appointments. Also, Bangor is small and it is hard to get away from the drug atmosphere."
 - EB: "Many of these patients are lacking insight into their long term goals and the health risks of relapsing."

Intervention and Methodology

Goal

- ▶ To gain a greater understanding relapse risk for patients undergoing office based buprenorphine treatment program at EMMC Center for Family Medicine

Methodology

- ▶ Completed retrospective chart analysis of at risk behaviors and 6 month relapse occurrence
- ▶ Surveyed EMMC CFM providers assessing physician perceived risk for relapse
- ▶ Created patient centered discussion questions to explore barriers to treatment and patient perceived risks

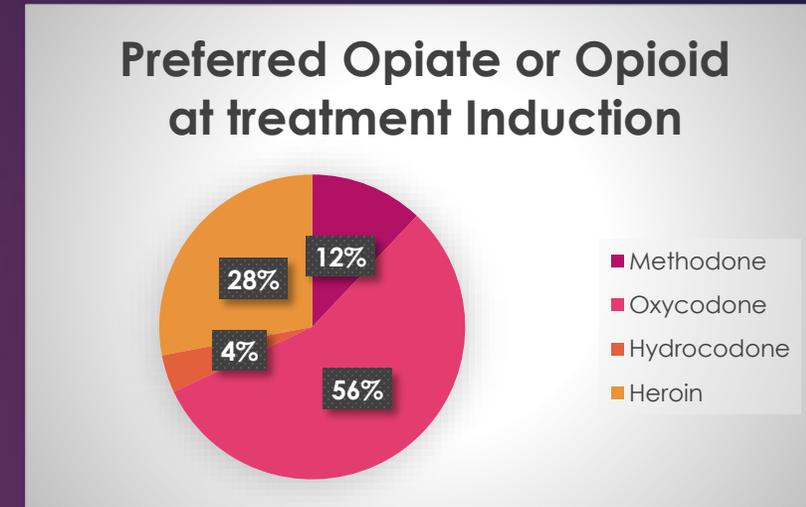
Intervention

- ▶ Data from chart analysis will be compiled and analyzed for current research by Dr. Jessica Bloom- Foster, Faculty at EMMC CFM
- ▶ Lead group session with patients in treatment. Identified risks for relapse and barriers to treatment to aid in future relapse prevention strategies

Results

- 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%



Partner Status of Patients in Recovery at 6 months



Partner Status of Relapsed Patients



Retrospective chart analysis discussion

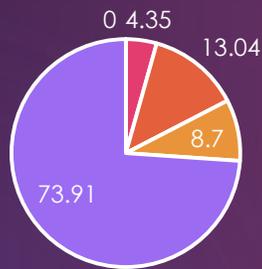
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- ▶ Total relapse of 30% was consistent with previously collected data
- ▶ There was a strong correlation between partner use and relapse
- ▶ Pregnancy appeared to be a protective factor from relapsing
- ▶ Pregnancy could be a motivational factor for change 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

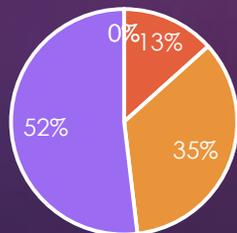
▶ Provider Perceived Relapse Risk (N=23)

Risk of relapse if partner is using opioids



■ 1 (Lowest Risk) ■ 2 ■ 3 ■ 4 ■ 5 (Highest risk)

Risk of relapse if missed 5 or more counseling appointments



■ 1 (Lowest Risk) ■ 2 ■ 3 ■ 4 ■ 5 (Highest Risk)

▶ Patient Centered Discussion

- ▶ What are some of the biggest risk for relapse
 - ▶ Old friends
 - ▶ Long distance to clinic
 - ▶ Stress
 - ▶ Boredom
 - ▶ 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
 - ▶ 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

Effectiveness and Limitations

▶ Effectiveness

- ▶ Identified provider perspective on the most significant risks for relapse
- ▶ Continued chart analysis to be included in future research
- ▶ Discussed with patients their perceived risks for relapse in order to assist in determining future intervention strategies
 - ▶ Determined that travel distance to clinic and the feeling of judgement at appointments were two risks for relapse, according to patients
- ▶ Determined that the greatest risks for relapse stated by physicians were consistent with data obtained by chart analysis

▶ Limitations

- ▶ We were unable to get IRB approval, therefore we could not conduct a formal group interview
- ▶ Females were overrepresented in the retrospective data analysis
- ▶ Small number of patients were present at our group discussions

Recommendations

- ▶ Obtain IRB approval to conduct a formal patient interview to collect more information about patient perceived risk for relapse
- ▶ Include travel distance to site as a factor when studying relapse risk as many patients stated this was a barrier to receiving treatment and staying in treatment
- ▶ Continue to reinforce that providers should be non judgmental to patients and provide an open environment where patients feel comfortable
- ▶ It would be most beneficial to the patients receiving treatment if both partners would be treated. However, resources are limited and this is a continued issue for EMMC CFM. It would be best to find other locations where the partner could receive treatment if it is not at EMMC CFM.

References

1. Birnbaum, Howard G., Alan G. White, Matt Schiller, Tracy Waldman, Jody M. Cleveland, and Carl L. Roland. "Societal Costs of Prescription Opioid Abuse, Dependence, and Misuse in the United States." *Pain Med Pain Medicine* 12.4 (2011): 657-67. Web.
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4. Substance Abuse SEOW Report." *Office of Substance Abuse Home*. Department of Health and Human Services, n.d. Web. 27 Apr. 2016. <<http://www.maine.gov/dhhs/samhs/osa/>>.

Interview Consent form

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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

If not consenting as above: please add the interviewee names here for the department of Family Medicine information only.

Name: Carol Peavy, FNP and Eric Brown, MD