

Medication-Assisted Therapy and First Episode Psychosis: Evaluating Treatment and Readmission Rates: A Scoping Review

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Purpose

The purpose of this DNP project is to determine whether Medication assisted therapy (MAT) impacts readmission rates for patients who have substance use disorder and first-episode psychosis within six months of discharge

Specific Aims

- There is limited research aimed at addressing the reoccurrence of admission rates for first-episode psychosis
- Medication-assisted therapy (MAT) is widely supported in the treatment of substance use and opioid use disorder (OUD), but many patients completing inpatient rehabilitation do not receive MAT (Kirby et al., 2021)
- It has also been well established that hospitalized patients with comorbid substance use disorders are at increased risk for the development of poor outcomes, readmission to inpatient, and increased use of emergency departments (Gryczynski et al., 2021)

Background

- People experiencing a first episode of psychosis can also have co-occurring substance use disorders, which can increase the risk of psychosis, psychotic relapse, and other adverse outcomes.
- Research has shown that early interventions for first-episode psychosis leads to remissions and prevention of relapses
- The emerging literature on first-episode psychosis highlights the high prevalence and adverse consequences of substance use, misuse, or disorder
- Research also estimates that approximately one-half of first-episode clients have a history of cannabis abuse or dependence and one-third have a current cannabis use disorder (Wisdom et al., 2011)
- Medication-assisted therapy (MAT) is widely supported in the treatment of substance use and opioid use disorder (OUD), but many patients completing inpatient rehabilitation do not receive MAT (Kirby et al., 2021)

Methods

Study Design

- Scoping Review

Study Duration

- August 2020- Dec 2022

Comprehensive Literature Search

-A comprehensive literature search was conducted using several electronic databases, including PubMed, Cochrane Library, and CINAHL. The search was limited to articles published in English between 2011 and 2021 using The University of Tennessee Health Science Center (UTHSC) database. All articles utilized human subjects who met diagnostic criteria for psychosis and were able to consent to treatment.

Inclusion Criteria

- Inclusion criteria consisted of articles that are in English and conducted no less than ten years ago.
- The collection of data and references was started in the Spring of 2021.
- Articles in English but conducted cross-continental were also included. All articles were peer-reviewed and published by reputable journals between 2011-2021.

Implications for Practice

- The results of the scoping review suggest that MAT may be effective in reducing readmission rates and improving treatment outcomes for those with first-episode psychosis and comorbid substance use disorder.
- However, more research is needed to determine specific types of MAT, dosage, and duration of MAT in this specific patient population.

Standardized Process

- Patients who experience first episode psychosis should be provided information regarding MAT to help improve treatment outcomes

Results

The results were examined from nine critically appraised articles.

- The studies included in this review were conducted in the USA, Europe, and Australia.
- The studies utilized various types of MAT, including buprenorphine, methadone, and naltrexone, for the treatment of substance use disorders in individuals with first-episode psychosis.
- The results of the studies showed that the use of MAT in individuals with first-episode psychosis improved treatment outcomes and reduced readmission rates.
- A study by Wisdom et al, (2011) found that the use of MAT was associated with a reduction in substance use and improved mental health outcomes in individuals with first-episode psychosis.
- Randomized controlled trial found that a collaborative care intervention that included MAT reduced hospital readmission rates among individuals with co-occurring substance use disorder and mental health disorders.

↑, ↓, —, NE, NR, ✓ (select symbol and copy as needed)	1	2	3	4	5	6	7	8	9
SUD	↓	↓	↓	↓	↓	↓	↓	↓	↓
Implementation of MAT	NR	✓	NR	✓	↑a	↑a	✓	✓	✓
no MAT	NE	NE	NE	NE	_a	✓	NE	NE	NE
HRAR w/ MAT	NE	✓	✓	✓	✓	↓a	✓	✓	✓
HRAR w/o MAT	↓	NE	↓	NE	↑b	NR	NR	NR	NR
Reduction of psychosis	NE	↓	NE	↓	NE	NE	NE	↓	↓

SYMBOL KEY

↑ = Increased, ↓ = Decreased, — = No Change, NE = Not Examined, NR = Not Reported, ✓ = applicable or present, SUD = substance use disorders, MAT = medication-assisted therapy, HRA = hospital readmission
a = statistically significant findings b = statistical findings not reported HRAR = hospital readmission rates

LEGEND 1= Gryczynski, et al (2021); 2= Wisdom, et al (2011); 3 = Wei et al (2014); 4= Spivak, et al (2021); 5 = Timko et al (2015); 6 = Kirby & Connell, (2021); 7= Connery et al (2015); 8= Gerlach et al (2019); 9= Hjorthøj et al (2017)

References

