**PSY56**

**EXPANDING CONCEPTS OF OPIOID-TAKING BEHAVIOR IN SICKLE CELL DISEASE: A MULTI-PHASE, MIXED METHODS STUDY**

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**OBJECTIVES:** The rapid growth in opioid therapy for non-cancer pain has occurred without an adequate appreciation of the consequences of this growth. Few studies provide patient-centered evidence that can be used to inform the current proposed standards for efficacious (safe and effective) opioid prescribing in non-cancer pain. Furthermore, different terms may be used interchangeably in the literature to reference to opioid-taking behaviors, resulting in imprecise or vague interpretation of existing evidence. We therefore sought to explore patterns of opioid-taking behavior and their biopsychosocial-spiritual determinants in an American adult with sickle cell disease (SCD).

**METHODS:** We conducted a multi-phase mixed methods study which included quantitative and semi-structured qualitative interviews. A grounded theory approach was used to analyze the data.

**RESULTS:** The final sample consisted of 11 men and 10 women, average age 36 years. Qualitative thematic analysis uncovered several patterns of opioid-taking behavior and several related biopsychosocial-spiritual phenomena, some hypothesized and some not. The patterns and phenomena portrayed a new six-domain conceptual framework that addresses the complex individual, relational, environmental, cultural, and system issues surrounding opioid-taking behavior in SCD, and provides a roadmap for future research: 1) Pain and its consequences; 2) Prescribed opioid-taking behaviors and their biopsychosocial consequences; 3) Effects of biopsychosocial determinants on opioid-taking behaviors; 4) Ablation behavior; 5) Physician prescribing behaviors and attitudes; and 6) Hypothetical targets for intervention to improve prescribing and opioid-taking behaviors. Further, the data portrayed explanatory factors that could be classified into various levels or domains based on models proposed in prior research. Factors included within-patient (biological, spiritual, psychological), and social and environmental (social support, social norms) to complete a whole systems model. **CONCLUSIONS:**: The explored domains offer rich guidance toward understanding multiple-level explanatory effect of pain, its pharmacotherapy, and medication-taking behavior and on SCD individual’s health that simultaneously bridges all health care domains.

**PSY57**

**BIOPSYPHYCOSOCIAL- SPIRITUAL DETERMINANTS OF OPIOID-TAKING BEHAVIOR IN SICKLE CELL DISEASE: A MULTI-PHASE, MIXED METHODS STUDY**

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**OBJECTIVES:** Many questions surround opioid use for non-cancer pain, but little has been published about behavioral patterns of taking opioids in these conditions. The objective of this abstract is to report partial results: patterns of opioid use, and effects of biopsychosocial-spiritual determinants on opioid-taking behaviors.

**METHODS:** As a part of a multiphase, mixed-method study, we conducted wide-ranging quantitative and semi-structured, qualitative interviews of African-American adults with sickle cell disease (SCD). The final sample consisted of 11 men and 10 women, average age 36 years, from various socioeconomic and educational backgrounds. New York and grounded theory approach to analyze varied data.

**RESULTS:** Qualitative thematic analysis revealed three phenomena 1) SCD patients exhibited various opioid-taking behavior patterns including adherence, underuse, overdose, and erratic use; 2) A wide variety of biopsychosocial-spiritual factors hindered opioid prescribing and use; pain impact, side effects, fear of addiction, perceived stigma or judgment by others; sense of responsibility, productivity, hopelessness, or obligation; stress, social role pressure; social desirability; bullying; and; 3) Opioids are a “Problem” in the pain/discomfort dimension and corresponding figures for the “Present State” in the pain/discomfort dimension and corresponding figures for the recent period of 6.3 to 5.0 (p < 0.001) and at re-treatment from 6.3 to 5.0 (p < 0.001). Mean EQ-SD health score was 0.33 (SD 0.32) at baseline (range 0.38-1.00). During the post-treatment period the mean change was 0.25 (SD 0.29), (p < 0.001). At baseline, 58% of all patients reported “Extreme Problem” in the pain/discomfort dimension and corresponding figures for the post-treatment period was 38%. Mean EQ-SD health score was 0.54 (SD 0.32) at start of re-treatment (range 0.26-1.00). During the re-treatment period the mean change was 0.25 (SD 0.29), (p < 0.001). The mean change in global pain was to examine utility outcome measures in patients diagnosed with peripheral neuropathic pain (excluding diabetic polyneuropathy) were included. Each patient was eligible to receive up to two treatments. Parameters: PainNRS, patient’s pain intensity over the past 24 hours: usual, highest, lowest and right now EQ-5D-3L. Size of treated area. **RESULTS:** A total of 412 patients were included, 382 patients completed first period, 266 with partial peripheral nerve injury, 51 with herpetic neuralgia (PHN), 19 with polyneuropathy and 46 with other painful neuropathies. Fifty-nine percent were women, mean age 53 years (range 18-88). A total of 184 patients were given a re-treatment and 181 patients completed the re-treatment period. **CONCLUSIONS:** Usual pain intensity over the past 24 hours (maximum pain reduction at any time period) was based from 7 to 5.0 at baseline (range 0.38-1.00). During the post-treatment period the mean change was 0.25 (SD 0.29), (p < 0.001) and at re-treatment from 6.3 to 5.0 (p < 0.001). Mean EQ-SD health score was 0.33 (SD 0.32) at baseline (range 0.38-1.00). During the post-treatment period the mean change was 0.25 (SD 0.29), (p < 0.001). At baseline, 58% of all patients reported “Extreme Problem” in the pain/discomfort dimension and corresponding figures for the post-treatment period was 38%. Mean EQ-SD health score was 0.54 (SD 0.32) at start of re-treatment (range 0.26-1.00). During the re-treatment period the mean change was 0.25 (SD 0.29), (p < 0.001). The mean change in global pain was 0.25 (SD 0.29), (p < 0.001) and at re-treatment 160 cm². **CONCLUSIONS:** In this population of patients with peripheral neuropathic pain a markedly reduced QoL, type of significant and patients’ experience of “usual pain” and improved short-term HRQoL evaluated by EQ-SD-3L.

**PSY51**

**WHO TOLD YOU THAT: DO GUIDELINES FOR INCLUDING PATIENT-CENTERED OUTCOME MEASURES IN SYSTEMIC LUPUS ERYTHEMATOSUS CLINICAL TRIALS INCLUDE PATIENT INPUT?**

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