Buprenorphine/naloxone maintenance therapy: the effect of dose on two year retention in an office-based treatment program

Parran TVa,b,⁎, M.D., Mace AGa, B.A., Adelman CAb, M.D., Pagano MEa,c, PhD.⁎

a Case Western Reserve University School of Medicine, Cleveland, OH; b St. Vincent Charity Hospital, Rosary Hall, University Hospitals Health System, Cleveland, OH; c Division of Child Psychiatry, Department of Psychiatry, Case Western Reserve University School of Medicine, Cleveland, OH

Purpose
- The buprenorphine/naloxone sublingual combination tablet (Suboxone) is the first medication for treating opioid dependence in an office-based setting.
- The advantages of Suboxone compared to methadone (Harris et al. 2000) include:
  1) The convenience of a traditional pharmacy prescription.
  2) Decreased potential for harm in the event of medication diversion or overdose.
  3) Ease of dosage titration and brevity of eventual tapering off the medication.
  4) Decreased impact on the patient's cognitive function.
- Few studies have examined the effectiveness of outpatient Suboxone protocols at one year post-induction (Kakko et al. 2003).
- The present study utilizes chart audits and telephone interviews at one year post-induction to:
  1) Identify the effects of (a) patient characteristics and (b) treatment characteristics on retention in the Suboxone protocol.
  2) Examine the effects of (a) patient characteristics, (b) treatment characteristics and (c) retention in the Suboxone protocol on opiate complications.
  3) Characterize the effects of (a) thru (c) on social, role and occupational dysfunction.

Methods
- Patients consisted of 56 opiate dependant adults who met the criteria for admission (multiple failed attempts at abstinence, lack of uncontrolled major mental illness, and a stable living situation) and possessed the financial means for suboxone treatment.
- Chart reviews were conducted to obtain patient demographics, medical and drug abuse history, and information from the stabilization phase of treatment.
- Telephone interviews were then conducted and consisted of questions about current suboxone use, current illicit drug use, the presence of opiate complications, and questions measuring social, role and occupational dysfunction with the Shortened Inventory of Problems - Alcohol and Drugs (SIP-A.D) (Blanchard, et al. 2003).

Results
- Table 1: Demographic, Treatment and Outcome Characteristics of Study Patients
- Table 2: Reduced Multivariable Regression for Retention in the Suboxone Protocol
- Table 3: Reduced Multivariable Regression for the Opiate Complications Scale
- Table 4: Reduced Multivariable Regression for Social, Role and Occupational Dysfunction Scale

Summary of Results
- Retention in the Suboxone Protocol
  - No demographic characteristics were related to retention in the Suboxone protocol.
  - Patients who completed the initial 6 week intensive outpatient program remained in the Suboxone protocol about 6 months longer than those who did not.
- Opiate Complications
  - No demographic or treatment characteristics were related to opiate complications measured in the follow-up interview.
- Social, Role and Occupational Dysfunction
  - Later initiation into opiate use was related to less severe dysfunction measured in the follow-up interview.
  - Having received psychiatric treatment in the past increased dysfunction scores in the follow-up interview.
  - Retention in the Suboxone protocol reduced dysfunction scores in the follow-up interview.

Conclusions
- Staying in the initial 6 week intensive outpatient program was related to remaining on Suboxone a year after treatment was initiated.
- No demographic or treatment characteristics were related to opiate complications measured in the follow-up interview.
- Remaining on Suboxone reduced social, role and occupational dysfunction as measured by the SIP-A.D.

References