

# Impact of psychiatry comorbidity in severity in Opioid Substitution Treatment

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## Introduction

Opioid agonist therapy (AOT) is the most widely used in the treatment of opioid use disorder<sup>1</sup>. However, there are still a significant number of dropping from OAT and relapsing in clinical complications. Several factors have been studied and associated to retention in treatment of these patients with controversial results<sup>2,3</sup>. Psychiatric comorbidities in patients with opioid addiction (dual diagnosis) have been associated with poor clinical outcomes more severe profile in previous studies<sup>4</sup>.

## Aims

To analyze the impact of psychiatry comorbidity of patients on retention in OAT.

## Results

A total of 607 patients were admitted to treatment (24% women, mean age at admission 37 years, range: 18-69 (Table 1). Methadone dose above 80 mg was prescribed to 123 patients (28%), and retention in OAT was 342 (56,5%) after 3months. The 42.7% presented dual diagnosis 64 (10 %) affective disorders, 41 (7%) psychosis, 149 (24%) personality disorders, 13 (2%) anxiety and 15 (2.5 %) other diagnosis. When comparing patients with and without dual diagnosis (Table 2), dual diagnosis was more prevalent in women (78 (30%) vs. 49 (20%) p= 0.006), intravenous use (161 (74%) vs. 120 (59%) p= 0.013), cocaine addiction (155 (71%) vs. 120 (58%) p= 0.006), and methadone dose over 80 mg (69 (34%) vs. 42 (21%) p= 0.005). When analyzing survival curves, the presence of dual diagnosis did not influence in the retention rate (Figure 1).

Table 1. Main characteristics of the sample

	N (%)
Included Patients	607
Females	147 (24.4)
Age at first OST (years ± SD)	37 ± 9
Dosis Methadone (mg ± SD)	63.7 ± 9
Methadone dose ≥ 80 mg	123 (28.3)
Early drop-outs	131 (21.6)
Cocaine addiction	280 (46.1)
Alcohol addiction	117 (19.3)
Dual diagnosis	259 (42.7)
Personality disorders	149 (24.5)
Affective disorders	64 (10.5)
Psychosis	41 (6.8)
Anxiety disorders	13 (2.1)
Other diagnosis	15 (2.5)

## Methods and materials

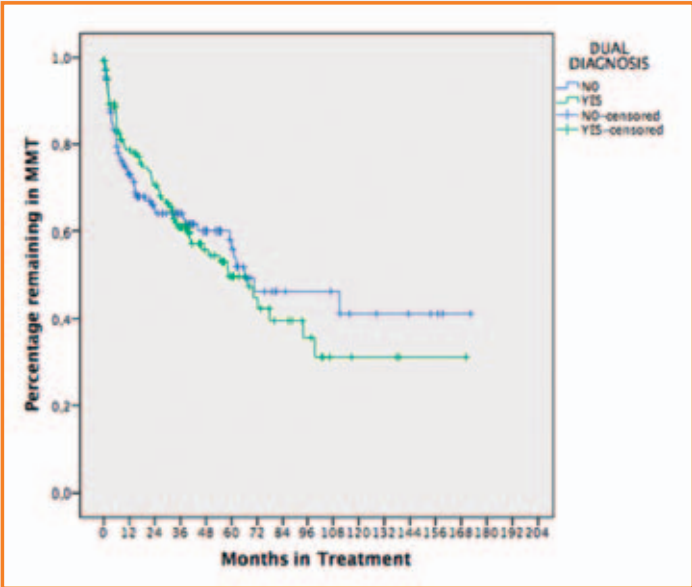
Retrospective study of consecutive patients admitted to an OAT program in CAS Barceloneta (Barcelona, Spain) from 2002 to 2017 were evaluated. Variables included were: demographical data and clinical variables data as dual diagnosis, use of other drugs, age of first opioid use, route of use, age of initial OST and methadone dose. Patient's retention in treatment was classified in patients with less than 3 months in the program: "early drop-outs". Descriptive statistics were performed; bivariate analysis was done with Chi-Square test for categorical variables and T-test for continuous variables. Finally, survival curves were performed to evaluate the influence of dual diagnosis in retention in treatment.

Table 2. Main characteristic of Dual Diagnosis comparing Not Dual Diagnosis

	Non DD N (%)	DD N (%)	p
Females	49 (19.5)	78 (30.1)	0.006
Age first heroin use	22 ± 8	21 ± 7	0.127
Age at first OST	38 ± 9	39 ± 9	0.260
Intravenous use	120 (59.1)	161 (74.2)	0.013
Cocaine addiction	120 (58)	155 (71)	0.006
Alcohol addiction	52 (25)	64 (29)	0.329
Methadone dose ≥ 80 mg	42 (21)	69 (34)	0.005
Methadone dose (mg/d) (mean ±SD)	58 ± 40	68 ± 55	0.032

SD: standard deviation, Non DD: Non Dual Diagnosis, DD: Dual Diagnosis

Figure 1. Retention in OST according to the presence of Dual Diagnosis



## Conclusions

Patients with dual diagnosis were more frequently women, and presented a more severe profile, with intravenous use, higher cocaine addiction and requiring higher doses of methadone. The presence of dual diagnosis is not associated with worse retention in OAT.

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