IMPACT OF COVID-19 PANDEMIC IN LIAISON ADDICTION

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Background

People with substance use disorders (SUDs) are at increased risk of coronavirus infection 2019 (COVID-19), as they are exposed to additional risks: chronic medical illness, risk of overdoses, crowded environments shared by people who use drugs and reduced availability of health and harm reduction services. For instance, as a respiratory infection it could affect in a most severe way to people who smoke or vape. Also, people who use opioids are at higher risk of overdoses and to suffer hypoxemia. Psychostimulants as cocaine and methamphetamine constrict blood vessels and increase the risk of pulmonary damage. Finally, people who use drugs are more likely to experience homelessness or incarceration making more difficult the prevention of the virus dissemination.[1-3]

As many health services were closed during the pandemics, the continuity of treatment of drug addiction patients supposed a challenge for most Addiction Services and most of them had to reorganize to continue offering treatment to patients.

Aims

The aim is to describe changes in characteristics of patients assessed in a consultation and liaison addiction service in Barcelona (Spain) during the strict lockdown period (March to May 2020) and compare them to the same period in 2019.

Methods

Main sociodemographic and clinical data on patients admitted in a general hospital that required assessment by the consultation and liaison psychiatry service were obtained. The periods evaluated were March-May 2020 and the same months in 2019.

Results

During the period from March to end of May 2020, Harm Reduction and Out Patient Addiction Centers had to adapt and reorganize their activity to maintain the attention to patients and users but limiting the risk of COVID-19 infection transmission among professionals and people using the services. In Figure 1 are described the main changes implemented during this period. In 2019, 88 patients were assessed (84% male, age 52+13) compared to 71 in 2020 (80% male, age 50+12). Main characteristics of the sample are described in Table 1.

The primary admitting diagnosis was alcohol-related (pancreatitis, cirrhosis...) in 2019 (22%) while in 2020 it was infection-related (38%), but only 13 admissions had COVID-19. The primary drug was alcohol in both years (50% vs. 42%) but a higher (but not significant) prevalence of heroin as the primary drug in 2020 (19% vs. 31%). When analyzing the psychiatric comorbidity, we have observed an increase in the patients that presented delirium and other neurocognitive disorders (17% vs. 21%) and psychotic disorders (2% vs. 11%) (Table 2).

Figure 1. Main changes implemented in Out-patient addiction centers and Harm reduction services during the period March-May 2020 (strict lockdown).

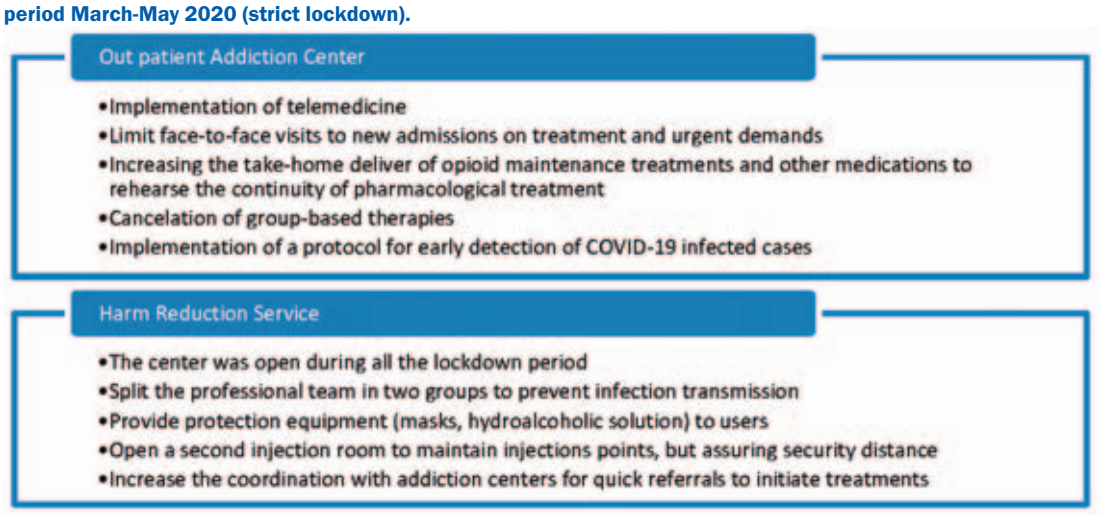

Table 1. Main sociodemographic and clinical characteristics of patients that were assessed by Addiction Liaison Service during the period from March to May 2019 and 2020.

	2019 N=88 N (%)	2020 N=71 N (%)	p
Males	74 (84%)	57 (80%)	NS
Age (Mean + SD)	52 + 13	50 + 12	NS
Foreigners	28 (32%)	29 (41%)	NS
Homeless	26 (30%)	13 (21%)	NS
HIV Infection	14 (16%)	13 (18%)	NS
HCV Infection	24 (27%)	25 (35%)	NS
Chronic liver disease	39 (44%)	23 (32%)	0.013
Psychiatric comorbidity	47 (53%)	29 (41%)	0.024

SD: Standard Deviation; HIV: Human Immunodeficiency Virus; Hepatitis C Virus; NS: Non-significant.

Table 2. Main clinical characteristics of patients assessed in the 2 periods

	2019 N=88 N (%)	2020 N=71 N (%)	p
Service			
Infectious Diseases	19 (22%)	24 (34%)	
Internal Medicine	6 (7%)	6 (9%)	
Gastroenterology	18 (21%)	18 (25%)	
Neurology	6 (7%)	1 (1%)	
Cardiology	5 (6%)	5 (7%)	
Pneumology	5 (6%)	3 (4%)	0.047
Oncology	1 (1%)	1 (1%)	
Surgery	9 (11%)	2 (3%)	
Orthopedic Surgery	2 (2%)	4 (6%)	
ICU	4 (5%)	5 (7%)	
Other	13 (15%)	2 (3%)	
Main Substances			
Opioids	17 (19%)	22 (31%)	
Cocaine	4 (5%)	4 (6%)	
Alcohol	44 (50%)	30 (42%)	
Tobacco	9 (10%)	8 (11%)	
Cannabis	6 (7%)	2 (3%)	NS
Sedatives	2 (2%)	1 (1%)	
Amphetamines	2 (2%)	1 (1%)	
OST revision	2 (2%)	2 (3%)	
No drug	2 (2%)	1 (1%)	
Psychiatric comorbidity			
Delirium & Neurocognitive	15 (17%)	15 (21%)	
Depression	8 (9%)	6 (9%)	
Psychosis	2 (2%)	8 (11%)	
Bipolar disorder	5 (6%)	0	
Anxiety disorder	1 (1%)	0	0.024
Adjustment disorder	1 (1%)	2 (3%)	
PTSD	0	2 (3%)	
Personality disorder	13 (15%)	14 (20%)	
Others	3 (3%)	1 (1%)	
Main admission diagnosis			
COVID Infection	0	13 (18%)	
Non-COVID Infections	11 (12%)	13 (18%)	
HIV/AIDS complications	1 (1%)	2 (3%)	
Cirrhosis	13 (15%)	4 (6%)	
Pancreatitis	5 (6%)	8 (11%)	
Alcohol related hepatitis	1 (1%)	1 (1%)	NS
Oncologic	3 (3%)	3 (4%)	
Cardiovascular	7 (8%)	8 (11%)	
Pneumological illness	6 (7%)	0	
Neurological illness	5 (6%)	3 (4%)	
Fractures	1 (1%)	4 (6%)	
Other	35 (40%)	12 (17%)	

ICU: Intensive cures Unit; OST: Opioid substitution treatment; PTSD: Post-traumatic stress disorder; HIV: Human Immunodeficiency Virus; NS: non-significant

Conclusions

The number of SUDs admitted for COVID-19 infection during the first wave was low, and less than expected;4 however, an increasing trend for infectious admissions was observed. More research is needed to understand the effects of the virus in this population. Also, it is important to guarantee access to healthcare during the pandemic.

References

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SUPPORTED BY: Instituto de Salud Carlos III–FEDER-Red de Trastornos Adictivos UE-FEDER 2016 (RD16/0017/0010); AGAUR-Suport Grups de Recerca (2017 SGR530).

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