

Understanding Patient Capacity to Meet the Demands of Methadone Maintenance Treatment



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Opioid Dependence and Its Treatment



- Opioid dependence is a chronic, relapsing condition.¹
- Typical methadone maintenance treatment (MMT) model includes:
 - Bi-weekly or monthly physician visits
 - Random urine drug screens
 - Daily, witnessed dispensation
- 2011 BC data suggest 1 year MMT retention rates to be approximately 41%, and retention to be positively correlated with dose.²

Rationale



- Increasing prevalence of chronic diseases has led to patient-oriented care models and research priorities ^{3,4, 5, 6}

Emerging patient-oriented models:

- **Patient centered care**
- **Patient engagement**
- **Minimally disruptive medicine**

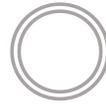


Presentation Aim



To explore perceived MMT-specific **challenges** and factors affecting **capacity** to adhere to MMT from the perspectives of people with long-term opioid dependence

GeMa Study Methods



- **Cross-sectional mixed-methods study in Vancouver's downtown eastside (n=177).**
- **Select GeMa participant characteristics:**
 - 81 women, 96 men
 - Average age = 45 (SD=9.5)
 - Average age of regular heroin injection = 26.6 (SD=9.5)
 - Average age of first MMT episode = 33.2 (SD=13.8)
 - Participants with > 5 MMT episodes = 28.3% (n=50)

Focus Group Methods



- **Qualitative data from 11 focus groups**
 - 6 groups with women (total n=18)
 - 5 groups with men (total n=20)
- **Semi-structured topics:**
 - Perceived advantages and disadvantages of the model
 - Factors affecting methadone retention
- **Coding and descriptive analysis in NVivo**



Findings from the Thematic Analysis

Perceived Treatment Demands



- Logistical demands related to daily dispensation, limited take-away doses, weekly or bi-weekly visits, wait times.

“It controls your life man, you know like, I had a hard time even just goin’ to like my parents for the weekend cause I had a difficult doctor who didn’t want to do carry’s because I didn’t have consistent pee tests... I felt like I had to build my life around methadone, not have methadone in my life.” (Elise)

Perceived Treatment Demands



- Tolerating the medication and side effects. Most common included weight gain, lost motivation, depressed, allergic reactions.

“Meth [methadone] changed my personality cause you ask my family, they sure noticed a difference. They really hate it...and I thought they'd like it better than the heroin but no, they'd prefer the heroin because of lethargy, and motivation [and] you're depressing. It does something to your whole motivation, you know I don't have feelings like I did before, its strange.” (Sarah)

Perceived Factors Affecting Capacity



- Limited client-provider shared decision making regarding dose or long-term treatment goals.

“I told my doctor I don’t think I’m ready for abstinence, well like I still do use once in a while and he kept wanting me to not use at all. And they kinda had that attitude, so I found it difficult sometimes to talk to them...it just seemed like they were so driven on getting me to be abstinent, that they weren’t trying to make a program with me, they were trying to make one for me. They always wanted me to take more methadone, they were constantly saying, ‘oh, we want to put you up, you need to go up’...[and] I was like, ‘no, no’. (Lisa)

Perceived Factors Affecting Capacity



- **Discrimination for being an MMT client impacts capacity to stay on treatment.**

“I didn’t want to be on it [methadone] no more. I mean it’s a great, it’s a wonder drug...I could get back to work and do everything. But the stigma of being on methadone, people still say...he’s on methadone he’s a heroin junkie.” (Tim)

Perceived Factors Affecting Capacity



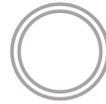
- **Additional themes included:**
 - Pain management limited with MMT, leads to continued use of opioids.
 - Mental health concerns decreased ability to get to pharmacy daily.
 - Pharmacy incentives increases capacity to be retained.

Conclusions and Future Directions



- Logistics and side effect themes are consistent with earlier work.
- More novel to this study were the role of shared decision making and discrimination as factors affecting capacity.
- Opportunities for shared decision making regarding dose are needed given the important role dose plays in current treatment guidelines, clinical practice and treatment retention.
- Minimally disruptive medicine may be a guiding framework for how we can better balance ‘treatment workload’ with ‘patient capacity’.

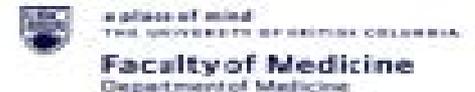
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