

Take-home methadone maintenance treatment associated with decreased hospital admissions

June 14 2012

A recent study conducted by researchers at Boston Medical Center (BMC) shows that patients receiving "take home" methadone maintenance treatment (MMT) were less likely to be admitted to the hospital as compared to those not receiving take home doses. The findings, which are published online in the *Journal of Addiction Medicine*, demonstrate the potential benefits of successful addiction treatment, including better overall health and decreased health care utilization.

This research was led by Alexander Walley, MD, MSc, physician in general internal medicine at BMC and medical director of the Opioid Treatment Program at the Boston Public Health Commission. Daniel Alford, MD, MPH, medical director of the Office-based Opioid Treatment (OBOT) at BMC and associate professor of medicine at Boston University School of Medicine (BUSM), and Jeffrey Samet, MD, MA, MPH, chief of general internal medicine at BMC and professor of medicine and community health sciences at BUSM and Boston University School of Public Health, respectively, were the study's senior co-authors.

Among people addicted to opioids, methadone maintenance treatment prevents symptoms of withdrawal, blocks the effects of illicit opioids, like heroin, and reduces cravings. Methadone dosing is individualized and research has found that doses greater than 80 milligrams are more

effective than lower doses in curbing cravings.

Federal and state regulations require methadone maintenance patients to attend the clinic daily to receive medication at the beginning of treatment. Patients that exhibit treatment successes, including regular attendance at clinic and counseling sessions, as well passing urine screenings for [illicit drug use](#), are rewarded with "take home" methadone doses. These patients receive medication that they may take at home instead of coming into the clinic. Previous studies have shown that receiving "take home" doses and receiving doses of 80 milligrams or more are associated with improved [addiction treatment](#) outcomes, but the impact of these factors on hospitalizations was unknown.

To explore these questions, the researchers performed a retrospective analysis of 138 patients enrolled in the Boston [Public Health](#) Commission's MMT program for a period of two years between 2006 and 2008. The results showed that patients receiving "take home" methadone doses were substantially less likely to be admitted to the hospital with 74 percent lower odds of hospitalization. The data also showed no evidence that the dose of [methadone](#) was associated with hospitalization.

"These study results add to the mounting evidence that [patients](#) who are successful in their addiction treatment are also improving their overall health, which could result in a reduction of health care utilization," said Walley, who also is an assistant professor of medicine at BUSM. "We have demonstrated an association between take home status and hospitalization, which is an important medical and health system cost outcome that needs to be considered as we further explore the benefits of addiction treatment to the patient and the [health care](#) system as a whole."

Provided by Boston University Medical Center

Citation: Take-home methadone maintenance treatment associated with decreased hospital admissions (2012, June 14) retrieved 23 April 2024 from <https://medicalxpress.com/news/2012-06-take-home-methadone-maintenance-treatment-decreased.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.