

Emergency department treatment for opioid addiction better than referrals

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Yale researchers conducted the first known randomized trial comparing three treatment strategies for opioid-dependent patients receiving emergency care. They found that patients given the medication buprenorphine were more likely to engage in addiction treatment and reduce their illicit opioid use.

Dependence on prescription and illicit opioids is an epidemic that continues to grow in the United States and globally. Drug overdoses account for more deaths each day than car crashes. "This is a huge public health problem," said first author Dr. Gail D'Onofrio, chair of emergency medicine at Yale School of Medicine.

Patients addicted to opioids often seek medical care in hospital emergency departments (EDs). Typically, after [emergency care](#) is given for an overdose, abscess, or other health issue, ED providers refer opioid-dependent individuals to [addiction treatment](#). "ED physicians take care of the immediate concern, but don't treat the underlying problem," D'Onofrio explained.

To test the efficacy of an intervention including [buprenorphine](#), a medication that reduces opioid cravings and helps to prevent relapse to opioid use, the Yale team—lead by D'Onofrio and Dr. David Fiellin, professor of medicine—conducted a randomized trial of more than 300 opioid-dependent individuals in an urban teaching hospital.

"Prior research at Yale has demonstrated that buprenorphine [treatment](#) is

highly effective in [primary care](#), and this study was designed in part to expand the reach of this treatment to this critical ED patient population," said Dr. Patrick O'Connor, professor of medicine and chief of general internal medicine at Yale School of Medicine.

After initial screening, the researchers randomized the study participants into three groups: a referral group that received a list of treatment services; a brief intervention group that received a motivational consultation and referral; and a third group given a brief intervention and treatment with buprenorphine that was continued in primary care.

Compared to the referral and brief intervention groups, the buprenorphine-treated patients fared best. "The patients who received ED-initiated medication and referral for ongoing treatment in primary care were twice as likely than the others to be engaged in treatment 30 days later," said D'Onofrio. "They were less likely to use illicit opioids of any kind."

The patients given buprenorphine treatment in the ED were also less likely to require in-patient treatment in a residential facility. "They had better results and less utilization of resources," noted Fiellin, who oversaw their ongoing buprenorphine treatment in primary care.

While the researchers note their findings should be confirmed in other EDs, the study points to an innovative strategy for a persistent public health problem. "We've offered another expanded use of the ED to increase access to treatment options for people with this chronic and relapsing condition," said D'Onofrio.

O'Connor added, "Effectively linking ED-initiated buprenorphine treatment to ongoing treatment in primary care represents an exciting new model for engaging patients who are dependent on opioids into state-of-the-art care."

More information: *JAMA*, [jama.jamanetwork.com/article.a ...
.1001/jama.2015.3474](https://jamanetwork.com/article.aspx?doi=10.1001/jama.2015.3474)

Provided by Yale University

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