

# Good outcomes with 'telepsychiatry' in medical treatment of opioid use disorder

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For people with opioid use disorder receiving medication treatment with buprenorphine, a telepsychiatry approach—using videoconferencing as an alternative to in-person group sessions—provides similar clinical outcomes, reports a study in the *Journal of Addiction Medicine*, the official journal of the American Society of Addiction Medicine (ASAM).

The pilot study suggests that [telepsychiatry](#) might help to extend the availability of medication for addiction [treatment](#) (often known as medication-assisted treatment, or MAT) for opioid use disorder—particularly in [rural areas](#). "Telepsychiatry may present a promising way to deliver MAT to this population and expand access to care," write Dr. Wanhong Zheng and colleagues of West Virginia University, Morgantown.

## Similar Results with Telepsychiatry and Face-to-Face Visits

The researchers reviewed the records of 100 [patients](#) enrolled in the "Comprehensive Opioid Addiction Treatment" (COAT) program at WVU. The program included MAT with buprenorphine—an "opioid partial agonist" that is effective in reducing opioid use, promoting abstinence, and aiding recovery. As outlined in recent ASAM guidelines, psychosocial treatment is recommended alongside MAT for opioid use disorder, although evidence for the added benefit of psychosocial

treatment is limited. Regardless, the limited availability of such care is sometimes a barrier to receiving medication.

The review included 46 patients treated with weekly telepsychiatry group sessions and 54 with face-to-face sessions. Telepsychiatry sessions were held at a local mental health facility, with the psychiatrist participating via a secured webcam. Both groups underwent random urine drug screening tests. The two groups had similar characteristics, although telepsychiatry patients were more likely to live in rural areas.

Substance use outcomes were similar between groups. Forty-nine percent of patients in the telepsychiatry group and thirty-seven percent in the face-to-face group achieved 90 consecutive days of abstinence during the study period—the difference was not significant. Use of other substances during the 90-day abstinence period was also similar between groups.

As is typical for opioid use disorder, relapses were common. Patients receiving telepsychiatry had shorter average times to reach 30 and 90 days of abstinence, although the difference was not statistically significant. In both groups, about half of patients remained in treatment through 90 days.

Opioid use disorder has become an epidemic. In many areas, demand far exceeds treatment capacity; the authors' program currently has a waiting list of more than 600 patients. New approaches are urgently needed to increase the availability of treatment for opioid use disorder.

The telepsychiatry approach seeks to extend the reach of WVU's successful COAT program, initiated in 2004 by study coauthor Dr. Carl R. Sullivan. "Throughout the past 12 years, we have treated more than 2,000 patients," Dr. Zheng comments. "Currently we have eight buprenorphine prescribers treating more than 500 active patients—some

abstinent for over ten years."

The preliminary results suggest that, in a comprehensive treatment program using buprenorphine, outcomes are similar for patients receiving telepsychiatry as for those attending face-to-face sessions. Some findings suggest even better outcomes with telepsychiatry, although larger studies would be needed to determine whether there was a significant difference between groups.

Telepsychiatry might be especially useful for expanding access to care for patients living in rural areas. The authors note that West Virginia has the highest opioid-related mortality rates in the country. Dr. Zheng and colleagues conclude: "The hope is that this study will open further avenues for research, funding, and practical application in increasing access of psychiatric services through telemedicine, specifically in terms of substance use treatment and to populations with limited access to healthcare."

**More information:** Wanhong Zheng et al. Treatment Outcome Comparison Between Telepsychiatry and Face-to-face Buprenorphine Medication-assisted Treatment for Opioid Use Disorder, *Journal of Addiction Medicine* (2017). [DOI: 10.1097/ADM.0000000000000287](https://doi.org/10.1097/ADM.0000000000000287)

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