

Deaths among patients with opioid disorders may be cut by one-third by better care

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Following three possible recommendations in providing medical care to people with an opioid addiction may cut deaths among such patients by as much as one-third, according to a new RAND Corporation study.

Analyzing the care given to people treated in the Veterans Affairs health care system, researchers looked at whether receiving recommended [medical care](#) was associated with a lower risk of death.

They found that deaths were much lower among patients with opioid addiction who were not prescribed opioids or common types of anxiety medications, those who received psychosocial counseling, and patients who had quarterly visits with a physician.

The study is one of the first to develop [quality](#) measures for providing medical care to people with an opioid addiction. The findings are published online by the journal *Drug and Alcohol Dependence*.

"This is a very large drop in mortality and we need to conduct more research to see if these findings hold up in other patient care settings," said Dr. Katherine Watkins, lead author of the study and a physician scientist at RAND, a nonprofit research organization. "But our initial findings suggest that these quality measures could go a long way toward improving patient outcomes among those who suffer from opioid addiction."

People who misuse heroin and prescription opioids have mortality rates

that are six to 20 times higher than the general population. Opioid-related deaths have increased dramatically during the past two decades.

While there are several measures of quality care for people with substance use disorders, there are no reliable and valid quality care measures for people with opioid addiction. If replicated, these quality measures could guide the medical care of people who suffer from opioid use disorders, decreasing mortality by as much as one-third, according to the study.

The RAND study involved 32,422 patients who were treated in the Veterans Affairs health system during 2007 and were identified in the medical record as having an opioid use disorder. Researchers analyzed their medical records to see whether seven possible measures of quality were related to deaths over the following two years. While many different outcomes can be used to judge the quality of medical care, researchers focused on deaths because it has been one key result of the nation's opioid epidemic.

Researchers found that among patients whose medical care followed the three key quality measures, deaths dropped from about 6 percent to 4 percent over a one year period.

The findings suggest that a key to reducing mortality may be to minimize prescribing opioid pain medications and benzodiazepines to people with [opioid](#) addiction, Watkins said. Opioids are sometimes prescribed to these patients for pain issues, such as following surgery or after an injury. Benzodiazepines are a class of psychiatric medications used to treat anxiety disorders.

While avoiding benzodiazepines is relatively easy since good alternatives are available, avoiding the use of opioids may be harder to achieve because they remain the best way to ease acute pain, Watkins said.

The link between lower death rates and psychosocial treatment may suggest that addiction patients benefit from making a connection with a caregiver. The benefit of quarterly physician visits may be from doctors being able to promptly identify changes in a person's wellbeing, such as a relapse or a co-occurring physical health condition, Watkins said.

The study found that screening patients for hepatitis and HIV, and two measures related to receiving medication-assisted therapy to reduce a patient's addiction to opioids were not associated with lower [death](#) rates among the group studied.

"We know from other research that medication-assisted therapy can help people stay off drugs, get jobs and lead more-productive lives," Watkins said. "But in this study, the treatment strategy was not associated with lower mortality."

Because the Veterans Affairs health care system is unique, Watkins emphasized that it is important that the [quality measures](#) be tested in other treatment settings to see if they are linked to lower mortality among other groups of [patients](#) and medical providers.

Support for the research was provided by the National Institute on Drug Abuse. Other authors of the study are Susan M. Paddock, Kimberly A. Hepner and Dr. Bradley D. Stein of RAND, and Teresa J. Hudson, Songthip Ounpraseuth and Amy M. Schrader of the Central Arkansas Veterans Healthcare System and the University of Arkansas.

RAND Health is the nation's largest independent health policy research program, with a broad research portfolio that focuses on health care costs, quality and public health preparedness, among other topics.

Provided by RAND Corporation

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