

Opioid use disorder medications improve health outcomes after endocarditis hospitalization

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Starting medication to treat opioid use disorder within 30 days of being discharged from the hospital due to injection drug use-related endocarditis—a type of serious heart infection—improves health outcomes, a new study shows. Led by researchers at Boston Medical

Center's Grayken Center for Addiction, the results showed that those who receive medication in that timeframe are less likely to overdose or be readmitted to the hospital within a year. Given that the underlying cause of many endocarditis inpatient hospitalizations is opioid use disorder, the findings highlight the importance of offering and prescribing medications to treat opioid use disorder while these patients are in the hospital, and connecting them to treatment after discharge.

Endocarditis is becoming increasingly common among [young people](#) who inject drugs, often leading to the need for valve replacement surgery. It is also associated with increased mortality and costs around [injection drug use](#) given the lengthy hospital stays, as well as an increased incidence of rehospitalizations.

The three FDA-approved [prescription medications](#) used to treat [opioid](#) use disorder are methadone, buprenorphine and naltrexone. These evidence-based medications have been shown to improve mortality and retention in care for people with opioid use disorder. However, data suggests that a minority of patients with opioid use disorder receive one of these medications, particularly around hospitalizations.

The researchers analyzed data from the MarketScan Commercial Claims and Encounters database, focusing on individuals over the age of 18 diagnosed with opioid use disorder who were hospitalized for endocarditis between 2010 and 2016. The cohort included 768 individuals with an average age of 39 years.

The study results show that receiving [medication](#) within 30 days of the initial hospitalization cut the risk for rehospitalization in half compared to those who did not receive medication. Only six percent (44) of patients received medication to treat opioid use disorder in the 30 days following hospitalization for endocarditis; buprenorphine was prescribed to 41 of those 44 patients. Those who received medication were, on

average, 25 years old. There were 41 overdoses in the group of individuals who did not receive medication within the 30 days after discharge.

"This is among the first data to show the life-saving impact that medications to treat opioid use disorder can have on patients with injection drug use-related endocarditis," said Joshua Barocas, MD, an infectious disease physician and researcher at Boston Medical Center. "Given the increase in injection drug use-related infections, it is critical to treat the underlying opioid use disorder, which often leads to these serious complications and inpatient hospitalizations."

Barocas, also an assistant professor of medicine at Boston University School of Medicine, notes that medications to treat [opioid use disorder](#) should be part of a comprehensive treatment plan that includes linkage to outpatient care and access to harm reduction services. "We need to ensure that patients have access to the evidence-based treatment and services that will help reduce their risk of infection and overdose, as well as help them achieve long-term recovery."

More information: Joshua A Barocas et al, Outcomes Associated With Medications for Opioid Use Disorder Among Persons Hospitalized for Infective Endocarditis, *Clinical Infectious Diseases* (2020). [DOI: 10.1093/cid/ciaa062](#)

Provided by Boston Medical Center

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