

Mindfulness-oriented recovery enhancement boosts methadone treatment

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Telehealth-delivered mindfulness-oriented recovery enhancement

(MORE) is a feasible and effective adjunct to methadone treatment (MT) for individuals with opioid use disorder (OUD) and pain, according to a study published online Dec. 7 in *JAMA Psychiatry*.

Nina A. Cooperman, Psy.D., from Rutgers Robert Wood Johnson Medical School in Piscataway, New Jersey, and colleagues evaluated the efficacy of MT as usual (usual care) versus telehealth MORE plus usual care among people with an OUD and pain. The analysis included 154 participants.

The researchers found that participants receiving MORE plus usual care had significantly less return to [drug use](#) (hazard ratio, 0.58) and MT dropout (hazard ratio, 0.41) than those receiving usual care in an adjusted analysis (e.g., methadone dose and recent drug use, at baseline). Participants receiving MORE plus usual care had significantly fewer days of any drug use (ratio of means, 0.58) than those receiving usual care only through 16 weeks, and a larger percentage maintained methadone adherence (95.5 versus 83.6 percent).

MORE was also associated with significantly reduced depression scores and ecological momentary assessments of pain through 16-week follow-up. Anxiety scores increased in the usual care-only group and decreased in the MORE group, but the difference between groups did not reach significance.

"This randomized clinical trial demonstrated that telehealth MORE was a feasible adjunct to MT with significant effects on [drug use](#), [pain](#), depression, treatment retention, and adherence," the authors write.

Several authors disclosed ties to various institutions.

More information: Nina A. Cooperman et al, Telehealth Mindfulness-Oriented Recovery Enhancement vs Usual Care in Individuals With

Opioid Use Disorder and Pain, *JAMA Psychiatry* (2023). DOI: [10.1001/jamapsychiatry.2023.5138](https://doi.org/10.1001/jamapsychiatry.2023.5138)

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