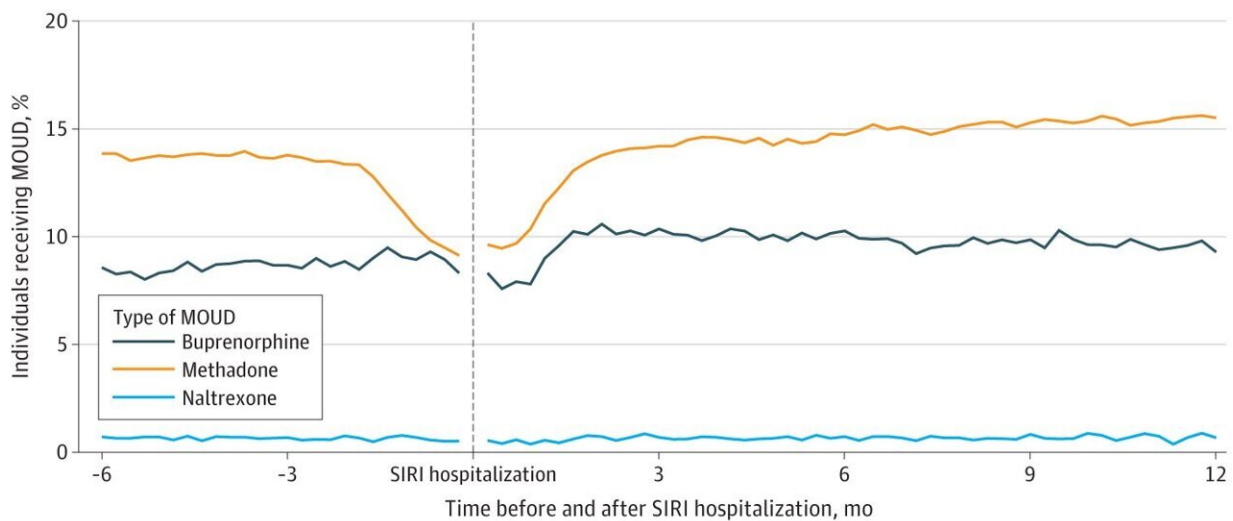


Improving care for opioid use disorder through research into injection-related infections

July 24 2024



No. at risk	8769	7840	7736	7610	7421
No. of excluded					
Death		344	578	742	970
Incarceration		21	18	17	1-10 ^a
Rehospitalization		575	443	408	378

Weekly Methadone, Buprenorphine, and Naltrexone Receipt 6 Months Before and 12 Months After Serious Injection-Related Infection (SIRS) Between January 1, 2014, and December 31, 2019, in Massachusetts. Credit: *JAMA Network Open* (2024). DOI: 10.1001/jamanetworkopen.2024.21740

Deaths from injection-related infections like endocarditis have [increased among young people](#), likely due to the growth of injection drug use and

stronger, shorter-acting fentanyl. While medications for opioid use disorder reduce the risk of death, initiating and retaining patients on these life-saving treatments is difficult.

Researchers at Boston Medical Center (BMC) recently discovered that medications for [opioid](#) use disorder following hospitalizations for injection-related infections are still underused in Massachusetts even though they improve outcomes. The findings were [published in JAMA Network Open](#) on July 24, 2024.

"Our findings underscore a critical need for physicians to proactively engage and support patients with evidence-based treatments for opioid use disorder whenever they present to the hospital, including for serious injection-related infections," says Simeon Kimmel, MD, first author on the paper and an attending physician in general internal medicine and infectious diseases at BMC.

The team found that the number of patients receiving medications for opioid use disorder rose after hospitalization for injection-related infections, though there were disparities in who received treatment during hospitalization and retention remained difficult.

The researchers used data from the Massachusetts Public Health Data Warehouse to assess the relationship between serious injection-related infections—endocarditis, osteomyelitis, septic arthritis, epidural abscess, or bloodstream infections—and the use of [medication](#) for opioid use disorder. Their analysis included data from January 2014 to December 2020 and individuals 18 to 64 years old.

In the week before hospitalization for injection-related infections, less than 18% of patients received medications for opioid use disorder. Three months after discharge, approximately 25% of patients were being treated with these medications. Overall, only about half of patients had

received at least one week of treatment with medications for opioid use disorder at any point in the year after a hospitalization for a serious infection.

"Clinicians and [health systems](#) need to do a better job of both initiating and retaining patients on medications for opioid use disorders following hospitalization," says Kimmel, an assistant professor of medicine at Boston University Chobanian & Avedisian School of Medicine.

The research team also identified disparities among patients who received medications for opioid use disorder after [infection](#): younger people, people who previously had treatment, people who had experienced homelessness or overdose, and those with Medicaid were more likely to receive medication for opioid use disorder. Black patients were less likely to receive medication for opioid use disorder.

"Black patients are experiencing increasing overdose rates, and inequalities in receiving medication for opioid use disorder could be contributing. Efforts to address these disparities in opioid use disorder care are imperative for health equity," says Kimmel.

BMC is already making strides to address these disparities through innovative initiatives for substance use disorders. The Anti-racist Approaches to Addiction Treatment (AAAT) group examined factors impacting Black, indigenous, and other people of color with substance use disorder, conducted focus groups to understand lived experiences, and hosted summits to disseminate findings.

The findings from this initiative, which include hiring, training and promoting diverse staff, focusing on Black patients' experiences in clinical programs, and employing strengths-based approaches are key lessons that have informed BMC's addiction programs.

To improve use of medications for opioid use disorder more broadly, the hospital's Addiction Consult Service supports patients in the hospital with the initiation of medication to treat addictions, pain management recommendations, and assistance transitioning to community-based [addiction treatment](#) programs after discharge. BMC's Faster Paths to Treatment offers low-barrier access to medications for opioid use disorder which can facilitate linkage to care following a hospitalization.

The Office Based Addiction Treatment (OBAT) Program provides specialized treatment for patients with substance use disorders integrated within a primary care setting, allowing all medical needs to be addressed by a team of providers. Additionally, the Multidisciplinary Endocarditis Working Group coordinates multidisciplinary care following endocarditis, one of the serious injection-related infections from the study, and Project TRUST offers harm reduction services to reduce the risk of injection-related infections.

Kimmel now aims to start a new study to test whether a motivational interviewing intervention called recovery management check-ups further improves retention of [treatment](#) with medication for [opioid use disorder](#) following injection-related infections.

"We are working to improve patient outcomes and support [patients](#)' in their recovery journeys through our innovative research. At Boston Medical Center, we are committed to studies that advance and set new standards in addiction care," says Kimmel.

More information: Simeon D. Kimmel et al, Medication for Opioid Use Disorder After Serious Injection-Related Infections in Massachusetts, *JAMA Network Open* (2024). [DOI: 10.1001/jamanetworkopen.2024.21740](#)

Provided by Boston Medical Center

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