Location, Location, Location: Treating patients with opioid use disorder in primary care

Clinical Question: How well is opioid agonist therapy managed in primary care?

Bottom Line: For opioid-dependent patients, receiving opioid agonist therapy (OAT) in a primary care setting versus a specialized opioid treatment program results in an additional 1 in 6 patients retained in treatment and abstinent from street opioids at 42 weeks. Additionally, twice as many patients (77% versus 38%) report being very satisfied with their care. All studies had supports and training available to their primary care teams.

Evidence:
- Three randomized controlled trials (RCTs, 46-221 patients)\(^1\)-\(^3\) compared OAT (methadone or buprenorphine) in primary care versus a specialized opioid treatment program; mean follow-up 42 weeks.
  - Retention in treatment (three RCTs; 287 patients; meta-analyzed by TFP authors):
    - 86% versus 67% specialty care; Number Needed to Treat (NNT)=6.
  - Street opioid abstinence (three RCTs; 313 patients; measured by urine toxicology and/or self-report; meta-analyzed by TFP authors):
    - 53% versus 35% specialty care; NNT=6.
  - Patient satisfaction:
    - Patients “very satisfied” more often in primary care (77% versus 38%; one RCT, 46 patients).\(^1\)
    - Patients report higher satisfaction with information provided in primary care (one RCT; percentages not reported).\(^2\)
  - Withdrawal symptoms:
    - Statistically reduced from baseline, but no difference between groups (one RCT, 46 patients).\(^3\)
  - Adverse events:
    - Not reported.
Context:

- Included populations varied:
  - Patients receiving methadone for at least one year and abstinent from street drugs.\(^1\)
  - Patients not on methadone or switching from buprenorphine.\(^2\)
  - Patients on a methadone waitlist with an opioid-positive urine screen.\(^3\)
  - In two studies, primary care providers were general internists.\(^1,3\)
- Supportive teams and training were used in the above RCTs:
  - Primary care settings were largely team-based.\(^1,3\)
  - Support/training was available.\(^1,2\)
  - One primary care clinic was affiliated with a substance misuse clinic.\(^3\)
  - One study enrolled only physicians with experience in treating opioid/other drug dependence.\(^2\)
  - One study provided physicians with training and 24-hour pager support.\(^1\)
- Over 50% of surveyed physicians report inadequate staff support and training, time and office space as barriers to prescribing OAT in their practices.\(^4,5\)

Authors:
Danielle Perry BScN RN MSc Candidate, Scott Garrison MD PhD CCFP

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Authors do not have any conflicts of interest to declare.

References:

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