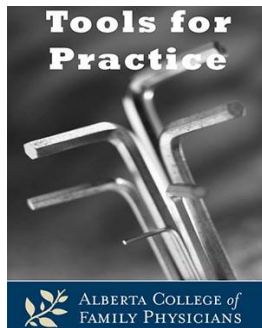


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October 9, 2018



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}

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Disclosure:

Authors do not have any conflicts of interest to declare.

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