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FACTORS ASSOCIATED WITH NON-ADHERENCE TO BUPRENORPHINE-NALOXONE AMONG OPIOID DEPENDENT AFRICAN–AMERICANS: A RETROSPECTIVE CHART REVIEW

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Background & Objectives: Opioid use disorders are common, chronic relapsing disorders. Buprenorphine (BUP) is an FDA approved medication in the treatment of opioid use disorders, but patient adherence to this medication remains a challenge. To identify risk factors for non-adherence, this chart review study examined the association between DSM-IV Axis I psychiatric disorders, substance use, demographics, and adherence to BUP-naloxone in African–American patients.

Methods: Charts were selected of patients who had 5 visits and completed psychometric screens (patient health questionnaire, mood disorder questionnaire, and a posttraumatic stress disorder questionnaire) at the time of the initial visit (N = 50). Urine drug screens (UDS) were also obtained. Treatment adherence was defined as BUP presence in UDS for 80% of the visits.

Results: A total of 48% of patients were adherent to treatment. Non-adherent patients had higher rates of use for not only opioids, but also cocaine, and alcohol. Cocaine use was associated with BUP-naloxone non-adherence even after controlling for opioid use. Attendance in cognitive behavioral group therapy sessions (CBT) was significantly associated with adherence. Patients endorsing PTSD symptoms showed higher adherence to treatment compared to those who did not endorse these symptoms.

Conclusions & Scientific Significance: Our results indicate that alcohol and illicit substance use is associated with non-adherence to BUP-naloxone treatment, and suggests that CBT and efforts to promote abstinence from non-opioid substance use may improve adherence among African–Americans. These findings contribute to growing literature on understanding adherence to BUP-naloxone, which is critical to reduce morbidity and mortality.

Biography

Dr. Kumari received MD Degree from Dow Medical College Karachi, Pakistan. In addition, in 2004 she received a Master's Degree in Public Health (MPH) from George Washington University, Washington DC.

Dr. Kumari has a broad solid background in clinical psychiatry research, with specific training and expertise in managing, coordinating, and collaborating on multiple clinical research projects. As a project manager Dr. Kumari gained substantial research experience on NIDA funded research project- Seek Treat, Reach, and Identify pretrial Defendants Enhancement (STRIDE) in collaboration with the Yale School of Medicine, George Mason University and Howard University Hospital. The project STRIDE is a placebo-controlled, randomized controlled trial of buprenorphine treatment for HIV-infected, -infected, opioid dependent, community-supervised defendants or offenders.

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