

Medications for Opioid Use Disorder Among Patients With and Without Exposure to Long-Term Opioid Therapy for Chronic Pain

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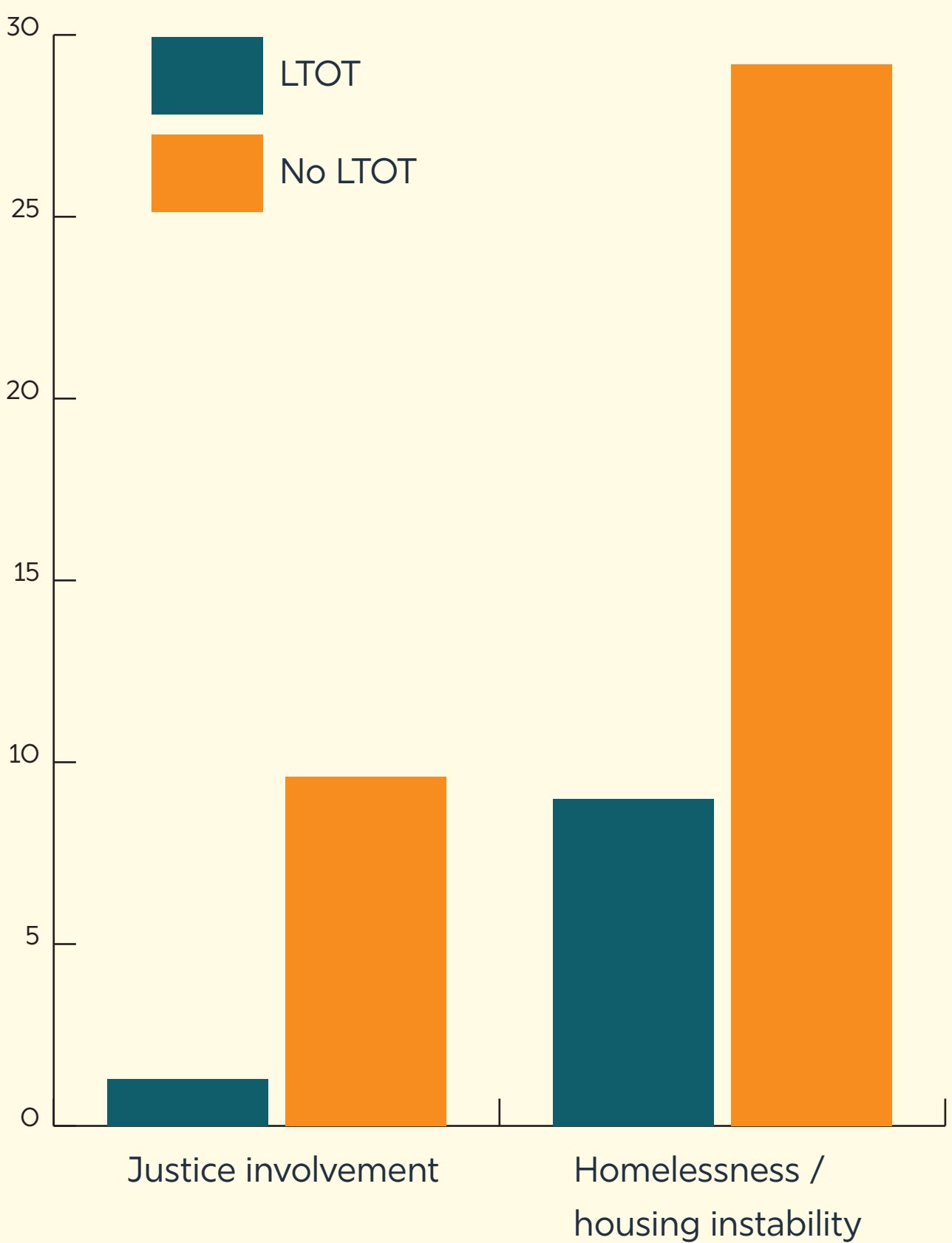
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Patient Characteristics

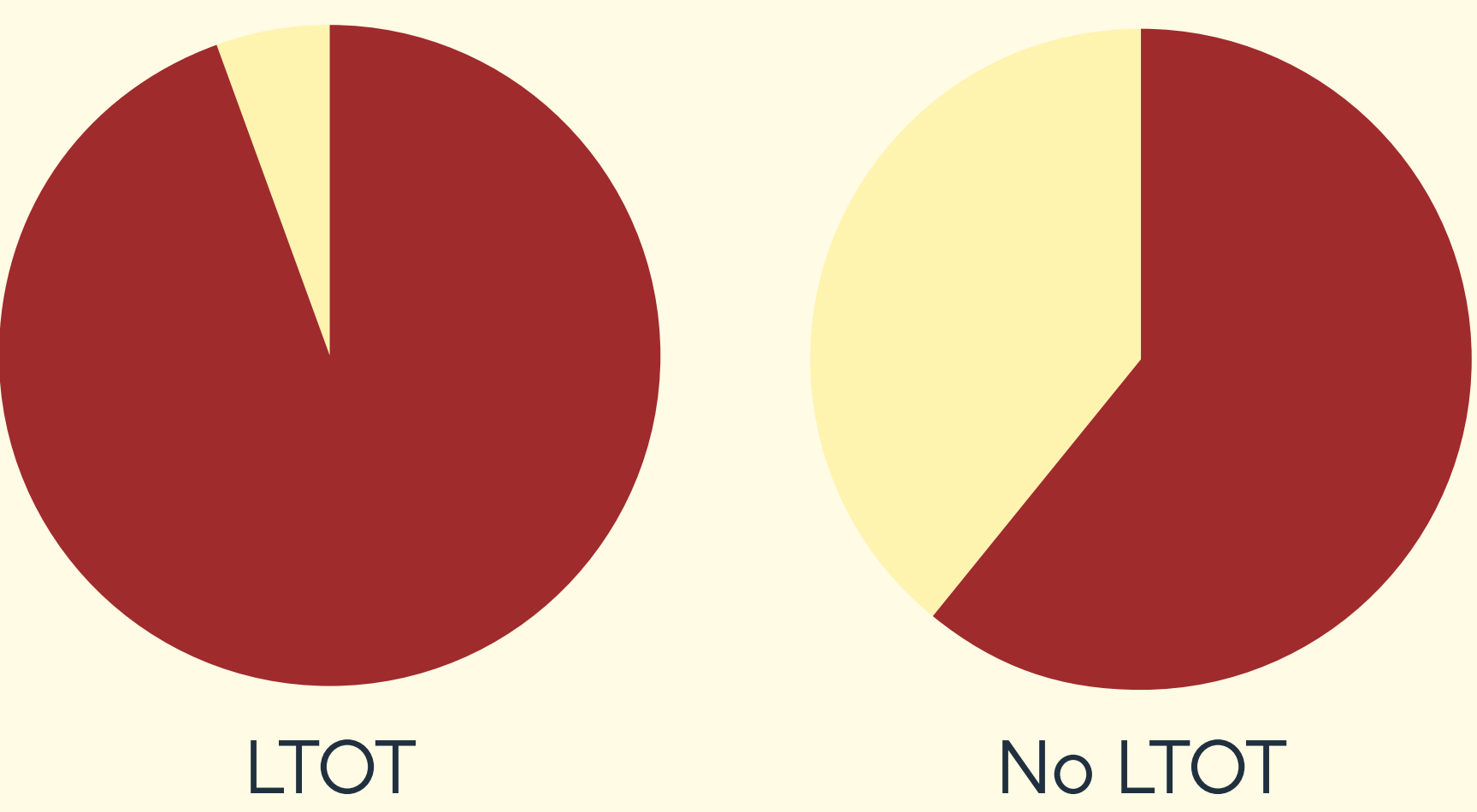
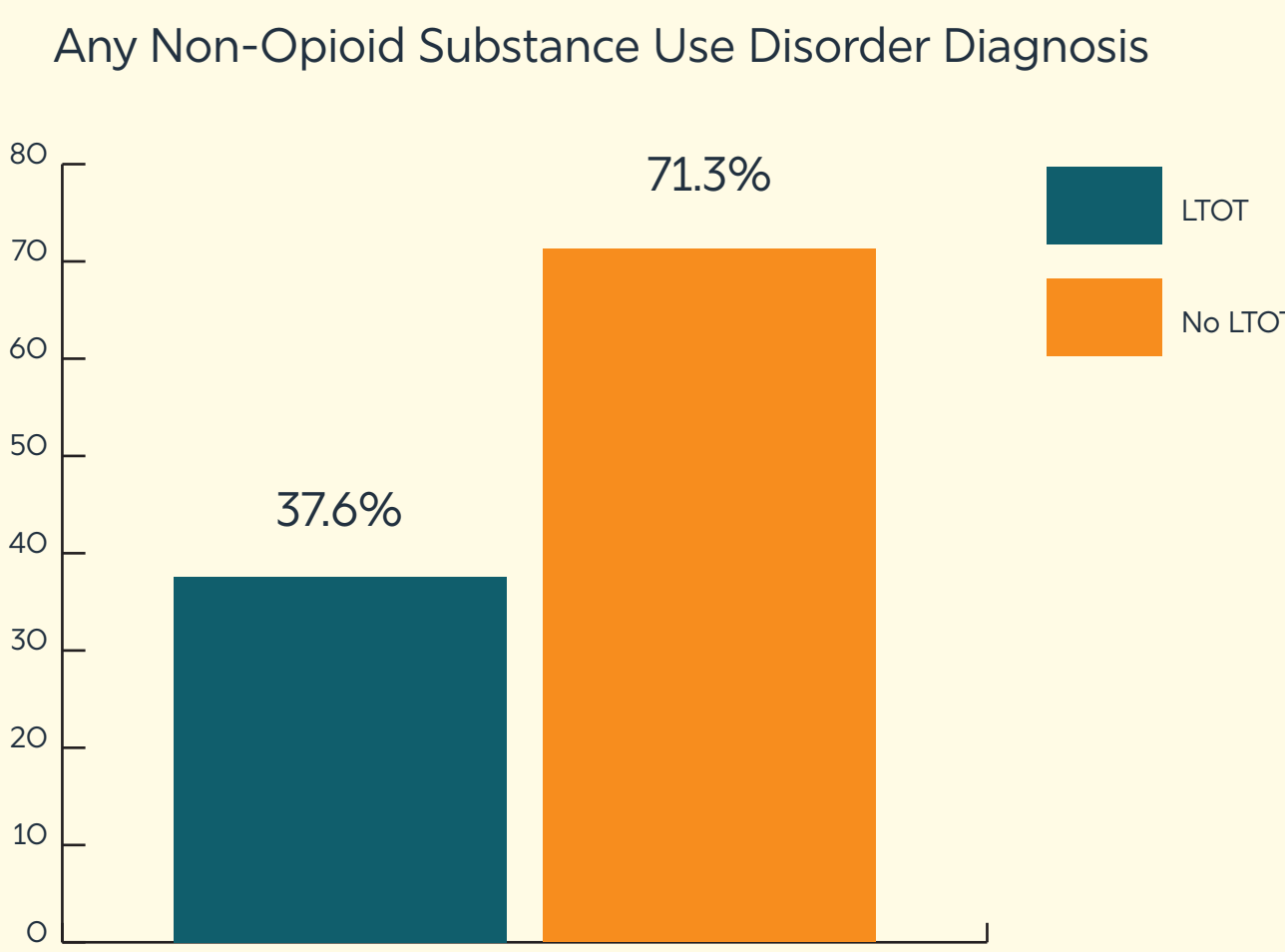
	LTOT	No LTOT	Difference
Age (mean)	61.9	50.7	11.2*
Black (%)	13.6	19.1	-5.6*
Hispanic/Latino ethnicity (%)	5.1	5.8	-0.8*
Female (%)	8.4	7.9	0.5
Rural (%)	36.8	26.3	10.6*

Social Risk Factors	LTOT	No LTOT	Difference
Justice Involvement (%)	1.3	9.6	-8.3*
Homelessness / Housing Instability (%)	9	29.2	-20.2*



Other Comorbidities

	LTOT	No LTOT	Difference
Any Psychiatric Diagnosis (%)	57.8	70.2	-12.4*
Mood Disorder (%)	40.1	45.7	-5.6*
PTSD (%)	29.7	38.7	-9*
Personality Disorder (%)	6.4	10.1	-3.7*
Schizophrenia (%)	10.1	19.1	-9*



	LTOT	No LTOT	Difference
Any Pain Diagnosis	94.5%	61.1%	33.4*
Musculoskeletal Pain	94.3%	59.7%	34.5*
Neuropathic Pain	7.1%	2.9%	4.3*
Headache Pain	7.3%	9.6%	1.4*

Key question: Among patients diagnosed with opioid use disorder, how does MOUD uptake and retention differ between those with and without long-term opioid therapy history?

Results:

- Of 60,049 patients with OUD, approximately 10% had recent LTOT (n=7,123).
- Receiving buprenorphine was less common among patients with recent LTOT (19.9% vs. 36.9%, aOR=0.41, CI=0.38-0.43)
- Among those prescribed buprenorphine, those with prior LTOT had fewer days retained in treatment (38.9 days vs. 88.4, β = -63.1, $p<0.000$).

	Unadjusted		Adjusted
Long-Term Opioid Therapy	0.35*	0.36*	0.41*
Rurality		x	x
Demographic and Clinical Characteristics			x

Multivariable logistic regression: Likelihood of any MOUD receipt

	Unadjusted		Adjusted
Long-Term Opioid Therapy	-44.8*	-45.9*	-63.1*
Rurality		x	x
Demographic and Clinical Characteristics			x

OLS regression: Buprenorphine retention (days)

Data & Methods

- Data were obtained from the VA Corporate Data Warehouse. Patients diagnosed with OUD FY 2019-2020 were divided into those with and without recent exposure to LTOT (defined as those prescribed opioids for ≥ 90 days in the 12 months preceding OUD diagnosis).
- Multivariable logistic regression analyses compared differences in likelihood of MOUD receipt; ordinary least squares regression analyses compared differences in days maintained on buprenorphine.

Conclusion: Patients with OUD previously prescribed LTOT are less likely to receive MOUD and receive treatment for a shorter duration.

Research is needed to understand how LTOT exposure may influence acceptability and efficacy of OUD treatment and how OUD treatment can better meet patient needs.

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