Treating opioid use disorder in primary care

Danielle Perry RN Eliseo Orrantia MD MSc CCFP FCFP Scott Garrison MD CCFP PhD

Clinical question

How well is opioid agonist therapy (OAT) managed in primary care?

Bottom line

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

Evidence

Three RCTs (46 to 221 patients)[1-3] compared OAT (methadone or buprenorphine) in primary care versus a specialized opioid treatment program; mean follow-up was 42 weeks.

- Retention in treatment (3 RCTs of 287 patients; meta-analysis done by Tools for Practice authors) was 86% versus 67% in specialty care (number needed to treat of 6).
- Street opioid abstinence (3 RCTs of 313 patients; measured by urine toxicology or self-report; meta-analysis done by Tools for Practice authors) was 53% versus 35% in specialty care (number needed to treat of 6).
- Patient satisfaction was high:
  -Patients were "very satisfied" more often in primary care (77% vs 38%; 1 RCT of 46 patients).[1]
  -Patients reported higher satisfaction with information provided in primary care (1 RCT; percentages not given).[2]
- Withdrawal symptoms were statistically significantly reduced from baseline, but there was no difference between groups (1 RCT of 46 patients).[3]
- Adverse events were not reported.

Context

The study populations varied[1-3]:

- In 1 RCT, patients had been receiving methadone for 1 year or more and were abstinent from street drugs at randomization[1]; in another, patients were not taking methadone or were switching from buprenorphine[2]; and in the third RCT, patients were on a methadone waiting list and had urine screening results positive for opioids.[3]
- In 2 studies, primary care providers were internists.[1,3]

Supportive teams and training were used in the RCTs[1-3]:

- Primary care settings were largely team based.[1,3]
- Support and training were 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 or other drug dependence.[2]
- One study provided physicians with training and 24-hour pager support.[1]

More than 50% of surveyed physicians reported inadequate staff support and training, time, and office space as barriers to prescribing OAT in their practices.[4,5]

Implementation

Primary care practitioners can treat opioid use disorder and they do it well. Primary care teams and clinician support and training can facilitate improved outcomes.[1-3] Other specialist supports for primary care practitioners treating opioid use disorder are increasing across Canada through consultation and pain and addiction mentorship programs.[6-8] Other educational resources include online training.[9-11] In addition, practical patient handouts on topics such as home- or office-based induction of buprenorphine are available to assist practitioners.[12]

Ms Perry is a master's degree candidate and Knowledge Translation Expert with the PEER (Patients, Experience, Evidence, Research) Group in the Department of Family Medicine at the University of Alberta in Edmonton. **Dr Orrantia** is a rural family physician for the Marathon Family Health Team in Ontario and Associate Professor at the Northern Ontario School of Medicine. **Dr Garrison** is Associate Professor in the Department of Family Medicine at the University of Alberta.

Competing interests
None declared

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