Association between mental disorders and OAT retention among NSW residents

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Background

People with comorbid SUD-MH experience:

- Symptom severity – SUD and MH
- ED presentations, hospitalisations & longer stays in hospitals
- Engagement with CJS, reincarcerations
- Suicide attempts
- Mortality rates
- Treatment dropout and non-completion

OAT has been previously linked with:

- Days of opioid use
- Non-fatal overdoses
- Mortality rates

Research on the association with OAT retention for **specific MH symptoms and disorders is mixed**. Additionally, there is a **lack of sex-specific evidence.**

Aims

Using a data-linkage retrospective cohort of NSW residents entering OAT (OATS-II), determine:

- Association between mental disorders and treatment retention for any OAT, buprenorphine and methadone by specific mental health diagnoses;
- Whether the association between mental disorders and treatment retention for any OAT, buprenorphine and methadone by specific mental health diagnoses differs by sex

Methods

People with evidence of mental disorders in past year prior to treatment entry identified using:

- NSW Emergency Departments
- Mental Health Ambulatory
- Admitted Patient Data Collections

Cox-proportional hazard ratios and 95% confidence intervals calculated for retention in any OAT, buprenorphine and methadone for:

- 0-1 months
- 1-3 months
- 3-6 months
- 6-12 months
- 12-24 months

Results

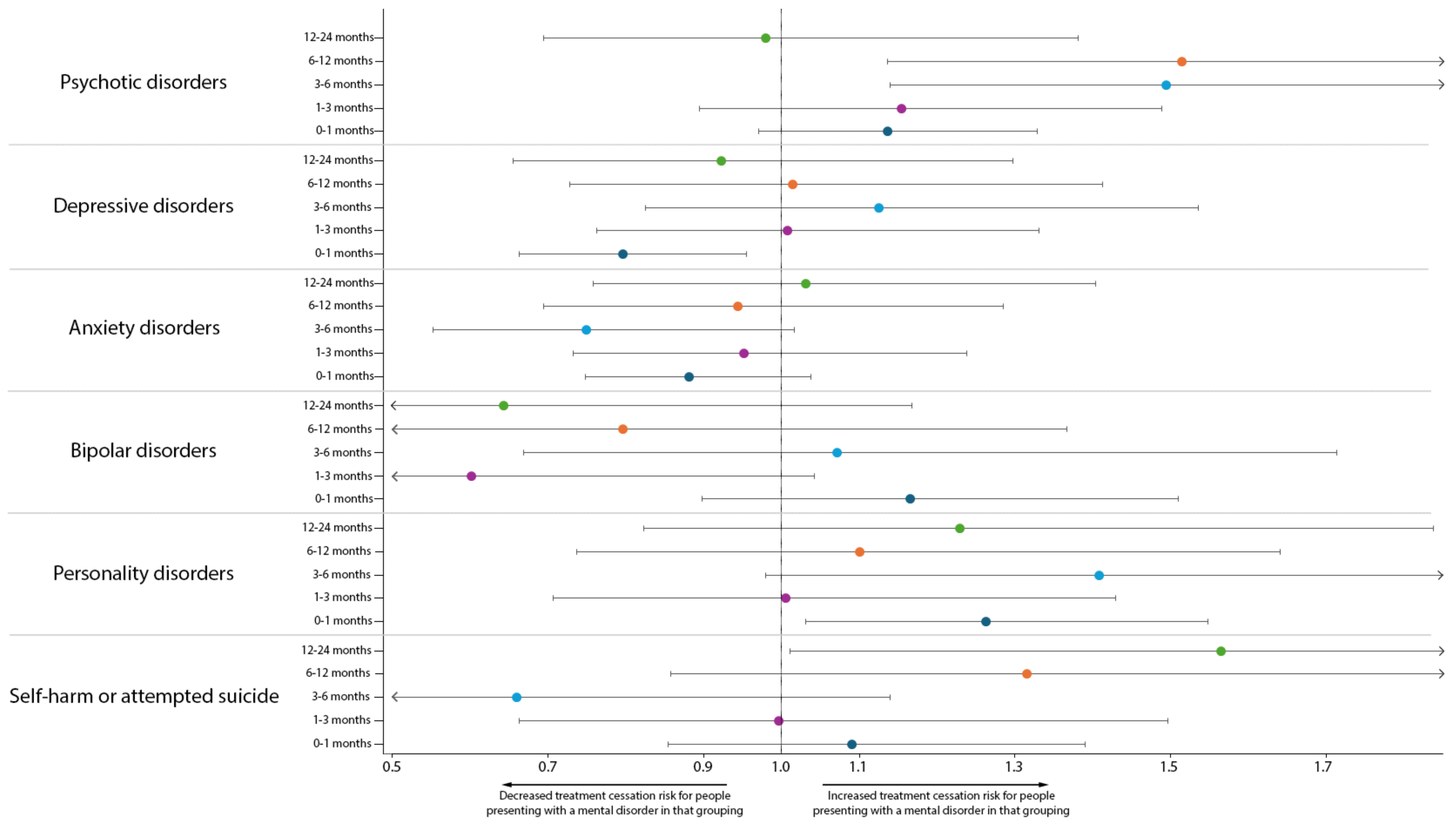
42,662 individuals

30.1% females
69.8% males

% with evidence of:

- 4.9% Depressive disorders
- 4.8% Any anxiety disorders
- 3.3% Any psychotic disorders

For retention in buprenorphine:



By sex:

Males (ref: Males without evidence of mental disorder)

- Any mental disorder, 6-12 months: Any OAT: 1.154 (1.037-1.284); Methadone: 1.258 (1.093-1.448)
- Any mental disorder, 12-24 months: 1.180 (1.022-1.362)
- Any psychotic disorder & schizophrenia, 3-6 months: Psychotic: 1.451 (1.045-2.014); Schizophrenia: 1.591 (1.131-2.239)
- Any psychotic disorder, 6-12 months: Any OAT: 1.289 (1.052-1.579); Buprenorphine: 1.581 (1.137-2.198)
- Self-harm or attempted suicide, 12-24 months: 1.971 (1.141-3.404)

Females (ref: Females without evidence of mental disorder)

- Any mental disorder, 6-12 months: Any OAT: 1.186 (1.000-1.407); Methadone: 1.288 (1.015-1.634)
- Any mental disorder, 12-24 months: 1.264 (1.012-1.579)
- Any psychotic disorder & schizophrenia, 3-6 months: Psychotic: 1.873 (1.150-3.050); Schizophrenia: 1.967 (1.126-3.438)
- Any psychotic disorder, 6-12 months: Any OAT: 1.458 (1.023-2.079); Methadone: 1.616 (1.044-2.503)
- Schizophrenia, 6-12 months: Any OAT: 1.555 (1.041-2.323); Methadone: 1.789 (1.106-2.893)
- Self-harm or attempted suicide, 12-24 months: 2.151 (1.152-4.018)

Males vs. females (ref) with evidence of mental disorder

- Any mental disorder, 1-3 months: 1.246 (1.020-1.522)
- Any mental disorder, 6-12 months: Any OAT: 1.280 (1.095-1.497); Methadone: 1.281 (1.034-1.586)
- Any depressive disorder, 1-3 months: 1.506 (1.042-2.176)
- Any anxiety disorder, 6-12 months: 1.459 (1.091-1.953)
- Self-harm or attempted suicide, 12-24 months: 0.185 (0.037-0.934)

Key - Significant risk of treatment cessation for:
- Any OAT
- Buprenorphine
- Methadone

Note: Analyses controlled for sex, age, year of cohort entry, Aboriginal/Torres Strait Island descent, geographical remoteness, socioeconomic status, incarceration history, inpatient psychiatric admission in the year preceding treatment entry and number of co-occurring mental disorders there is evidence of

Conclusions

- Retention in any OAT, buprenorphine and methadone broadly similar for people with and without evidence of mental disorders
- People with evidence of any psychotic disorder were consistently found to have an increased risk of buprenorphine and methadone treatment cessation
- Suggests that a co-occurring mental disorder should not be a barrier to entering methadone or buprenorphine treatment for opioid use
  - Additional supports for people with evidence of psychotic disorders could allow for better treatment retention
- There may be differences in OAT retention between males and females with evidence of mental disorders

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