Maintenance Staff Questionnaire

Methods

• Keeping the patient in substitution treatment is a core challenge.
• Retention rates are a crude measure for indicating how well the substitution treatment works.
• In controlled clinical trials the retention rates vary between 30 to 80% depending upon type of substitution drug and duration of treatment.
• Little is known about the retention rates and their determinants in routine care.
• In routine care the influences of - the type of substitution drug (methadone vs. buprenorphine)
- the type of provider model (small, medium, large practice)
- the intensity of care on the retention rates are clearly understudied.

The COBRA baseline sample of N = 2,694 patients of an overall N = 223 substitution doctors was followed-up over a period of 12 months with two short assessments in-between.

Retention rates are based on the subset of patients that were still eligible (N = 2,187). Patients who finished substitution therapy successfully (n = 100) or changed to drugfree therapy (clean, n = 174) are not included in the survival analyses. This results will be presented separately.

In addition to the categories “clean” and “change to drugfree therapy” the following drop-out reasons were accounted: “death,” “disciplinary reasons,” “change of residence/doctor,” “imprisonment” and “other/unknown reasons.”

Statistical analyses were done by STATA 9.

Results

Retention rates by substitution drug (N = 2,187)

Retention rates by provider model (N = 2,187)

Retention rates by substitution drug and duration of current substitution therapy at baseline (N = 2,187)

Differences of selected patients characteristics (N = 2,442)

Drop-out reasons (N = 830)

Selected drop-out reasons by substitution drug (N = 827*)

Summary

The retention rates in the COBRA study do not describe the retention since the fist prescription of the substitution drug. They rather indicate for a representative cross-section of substitution patients in routine care, how well patients are retained in treatment in general.

- The retention rates are quite similar irrespective of the type of setting (small, medium, large provider studied). But there is a clear tendency towards higher retention rates with small-scale, primary care based settings.
- Methadone and buprenorphine patients show similar retention rates in the 12-month follow-up, if accounting for prior treatment duration.
- The retention rate is lowest among patients who just started the substitution treatment (1-month at baseline) and highest among those who were receiving the substitution drug already for a longer time (6-months at baseline).

Reasons for drop-out/continuation:

- Referring to all patients (N = 2,844), the mortality rate was only 1% in the COBRA study (n = 27).
- There is a remarkably high proportion of patients who switched from substitution to in- or outpatient drug-free therapy.
- Often, physicians did not know where their patients were and why they did not appear anymore.
- The data indicate differences in drop-out reasons among methadone and buprenorphine patients. More buprenorphine patients remained with their physicians, more of them became clean, fewer of them had significant concomitant drug use and fewer of them were imprisoned compared to methadone patients.

Conclusion

- The study confirms an overall effectiveness of against maintenance treatments in routine care.
- Small-scale, primary care based settings perform as well or better than large-scale substitution centres...
- ...suggesting that these primary care based settings might be a promising alternative to improve access to maintenance therapy in underprivileged areas.
- Further analyses of the found patient differences between substitution drugs and settings are necessary.
- Analyses with baseline and 6-, 9- and 12-month follow-up data to examine predictors for high retention are under way.