



Impact of Mental Health Conditions and Psychiatric Prescriptions on MOUD at Discharge

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Introduction

- Opioid use disorder (OUD) and mental health conditions such as anxiety and depression often co-occur, which can contribute to poorer inpatient care and worse treatment outcomes^{1,2}.
- Psychiatric medication and medication for OUD (MOUD) are both underutilized in inpatient treatment despite their effectiveness^{1,3,4}, meaning it is important to investigate factors that can affect MOUD receipt.
- Study aim:** Examine the relationship between lifetime anxiety and depression (LDA), lifetime psychiatric medication (LPM) prescription, and MOUD status at discharge in an inpatient setting.
- Hypotheses:** 1) Those with LDA will be less likely to receive MOUD; 2) Those with LPM will be more likely to receive MOUD; 3) The no LDA/LPM group will be more likely to receive MOUD compared to the both LDA/LPM group and the LDA no LPM group, and the both LDA/LPM group will be more likely to receive MOUD compared to the LDA no LPM group.

Methods

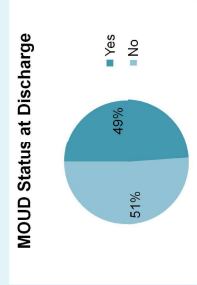
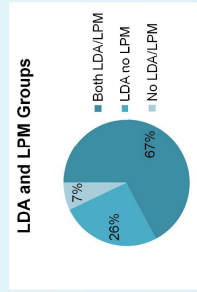
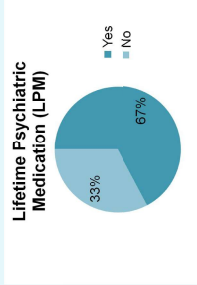
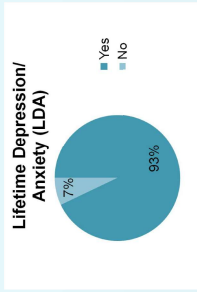
- Sample: 1,273 patients extracted from Electronic Health Records (EHR) dataset exclusive to OUD patients admitted to a public-sector substance use treatment provider in Maryland during 12/1/2020-11/30/2021
- Predictor variables:
 - LDA (yes or no)
 - LPM (yes or no)
 - LDA/LPM groups:
 - Both LDA/LPM
 - LDA no LPM
 - No LDA/LPM
- Outcome variable: MOUD Status at Discharge (received MOUD vs. did not receive MOUD)
- Logistic regressions performed in R

Discussion

- Contrary to prior literature, those who endorsed LDA were more likely to receive MOUD. This could be due to the knowledge from previous studies that comorbid mental health condition lead to higher OUD risks, prompting clinicians to encourage MOUD.
- Our finding that those who endorsed LPM were more likely to receive MOUD supports prior literature that treating mental health conditions can positively impact MOUD treatment outcomes.
- Unlike previous studies, we found that those who endorsed both LDA/LPM were more likely to receive MOUD than those with no LDA/LPM. Again, this could be related to clinicians responding to knowledge of worse MOUD outcomes related to mental health comorbidity.
- There were no significant findings when comparing the both LDA/LPM group to the LDA no LPM group, or the LDA no LPM group to the no LDA/LPM group.
 - Implications:** Recognizing that LDA and LPM can increase the chance of receiving MOUD and are not necessarily barriers to treatment can encourage clinicians to improve equity amongst treatment in inpatient care.
 - Limitations:** LDA severity is not accounted for and LPM does not include if the patient is taking the medication that is prescribed.
 - Future studies:** Investigate whether the severity of LDA conditions impacts MOUD initiation and focus on the sample that is adherent to LPM.

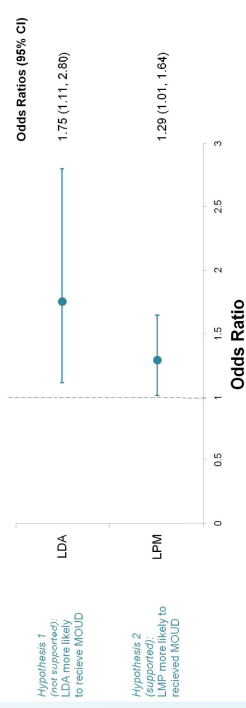
Sample Characteristics

Variables	Overall (n= 1273) M (SD) or %
Age	38.22 (11.34)
Gender	
Male	74.2 %
Female	25.8 %
Race	
White	56.0 %
Black	34.5 %
Other	6.5 %
NA	3.0 %

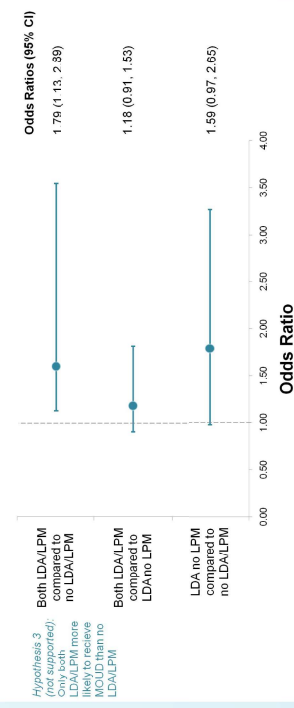


Results

Odds of MOUD Status at Discharge When LDA or LPM are Endorsed



Odds of MOUD Status at Discharge Based on LDA and LPM Endorsement Group



References

[1] SAMHSA. (n.d.). Key substance use and mental health indicators in the United States: results from the 2023 National Survey on Drug Use and Health. <https://www.samhsa.gov/data/reports-and-publications/findings/national-drug-trends-report/2023-national-drug-trends-report>

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[4] Henderson, C., Evans-Lacko, S., & Thornicroft, G. (2013a). Mental illness stigma, help seeking, and public health programs. *American Journal of Public Health, 103*(5), 777-780. <https://doi.org/10.2195/ajph.2012.123105>

Disclosures

No financial conflicts to disclose.