

Clinical characteristic differences between sexual minorities and heterosexuals with OUD

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BACKGROUND

- Research on opioid use disorder (OUD) in the LGBTQ+ community remains limited
- While existing studies have examined substance use disparities broadly, there is a lack of research specifically exploring differences in treatment completion, length of stay, or co-occurring mental health conditions such as suicide risk, anxiety, and depression among individuals with OUD
- Minority stress and discrimination from both peers and treatment staff may contribute to these disparities

METHOD

Sample 1,461 admission records collected from an electronic health record (EHR) from December 2020 and November 2021. 1,256 patients self-reported identity within 48 hours of admission as heterosexual, or identified in a way other than heterosexual (lesbian, gay, bisexual, other, or prefer not to say), termed sexual minority patients

Data Extraction EHR data collected across 4 inpatient sites and filtered for patients with OUD

Analysis Descriptive and inferential statistics were used to determine if there were differences by sexual orientation

Variables Patients self-reported mental health characteristics at admission, including lifetime suicide attempt [y/n], lifetime depression [y/n], and lifetime anxiety [y/n]. Length of stay [days] and discharge success [successful vs. unsuccessful] data were collected from discharge assessments reported by providers

SAMPLE CHARACTERISTICS

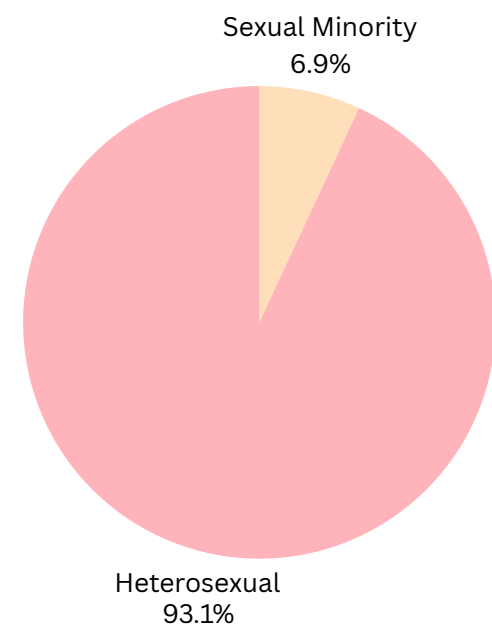
Age The mean age for this sample was 38.2 (SD 11.4). Sexual minorities were more likely to be younger, with a mean age of 33.4 for sexual minority patients vs 38.6 for heterosexual patients ($p < 0.0001$)

Gender In the sample, 73% identified as male, and 27% identified as female. Sexual minority patients were more likely to be female 59% female among non-heterosexuals vs 23% female among heterosexuals ($p < 0.0001$).

Race In this sample, 57% identified as White, 36% identified as Black, 4% identified as Hispanic, and 3% identified their race in another way. Sexual minority patients differed from heterosexuals in terms of race; Hispanic patients were significantly less likely to identify as heterosexual

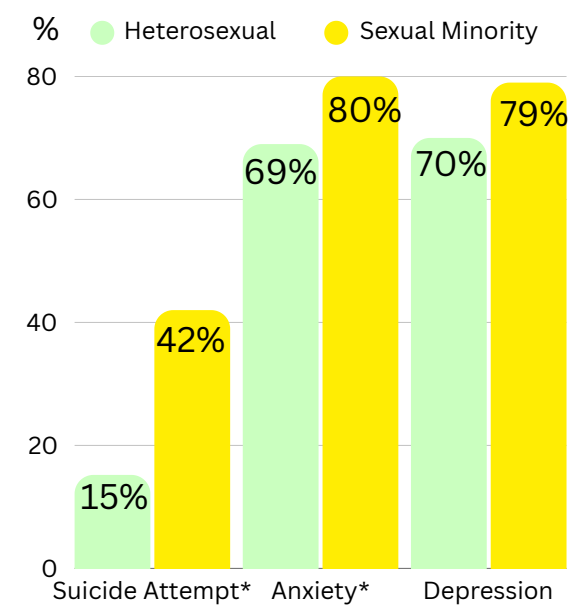
Baseline Characteristics

Sample % of Sexual Minority and Heterosexual Patients



1,169 (93.07%) patients identified as heterosexual, and 87 (6.93%) identified in a way other than heterosexual

Mental Health Characteristics

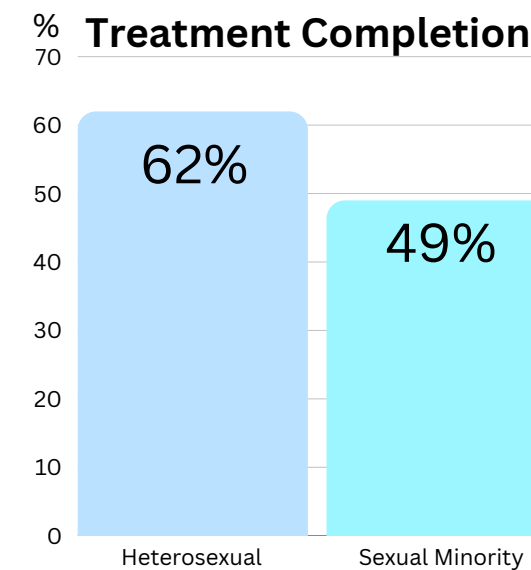


Sexual minority patients were more likely to have attempted suicide in their lifetime (42.5% vs 15.2%; $p < 0.0001$), and were more likely to report lifetime anxiety (80.2% vs. 69.6%; $p = .037$), but were no more likely to report lifetime depression than heterosexual patients (79.3% vs 70.2%; $p = 0.072$)

RESULTS

Treatment Outcomes

Breakdown of Successful Treatment Completion



An analysis of treatment outcomes revealed that sexual minority patients were significantly less likely to have successfully completed treatment (49% vs 62%, $\chi^2 = 5.38$; $p = .020$) compared to heterosexual peers

Average Treatment Length of Stay

14.2
Days for Sexual Minority Patients

17.1
Days for Heterosexual Patients

Sexual minority individuals were more likely to have a shorter treatment length of stay than heterosexual patients ($t = -2.7766$; $p = 0.006$)

Rate of Discharge on MOUD



Comparing differences in rates of being discharged on MOUD, there was no significant difference between heterosexual patients and sexual minorities at discharge ($\chi^2 = 0.67$; $p = 0.414$)

CONCLUSIONS

- Sexual minority patients were younger, more likely to be female and Hispanic, and reported higher rates of lifetime anxiety and suicide attempts compared to their heterosexual peers, underscoring that they face more vulnerabilities compared to their heterosexual peers
- We cannot determine the cause of these disparities, but they may be due to minority stress, or discrimination, which has been reported by previous studies of youth in similar settings
- These findings underscore the need for culturally competent approaches in treating sexual minority individuals with OUD
- Despite these differences, there were no significant findings in this sample in regard to discharge on MOUD during the patients' treatment episode

FUTURE DIRECTIONS

- Future research should investigate the role of minority stress and discrimination in residential treatment engagement for OUD
- Explore targeted interventions to improve outcomes for sexual minority patients in addiction treatment settings
- These results highlight the importance of recognizing and addressing the unique needs of sexual minority individuals within addiction treatment settings
- Further research must be conducted concerning the growing but still limited body of scientific work examining OUD in sexual minority populations