

Inpatient Opioid Use Disorder Management: Associations with Patient Directed Discharge, Readmission, and Mortality

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Introduction

- Current hospital medicine guidelines recommend offering medications for opioid use disorder (MOUD) to hospitalized patients with opioid use disorder (OUD)¹.
- Inpatient MOUD is associated with reduced patient-directed discharge (PDD)²
- Long-term outpatient treatment with MOUD is associated with a 53% reduction in the risk of all-cause mortality³
- There are no studies to our knowledge specifically assessing whether there is an association between inpatient MOUD with post-discharge mortality.
- Acute methadone tapers are a common inpatient MOUD strategy. No study to our knowledge has compared outcomes of acute methadone tapers with methadone maintenance (including new methadone inductions for maintenance).

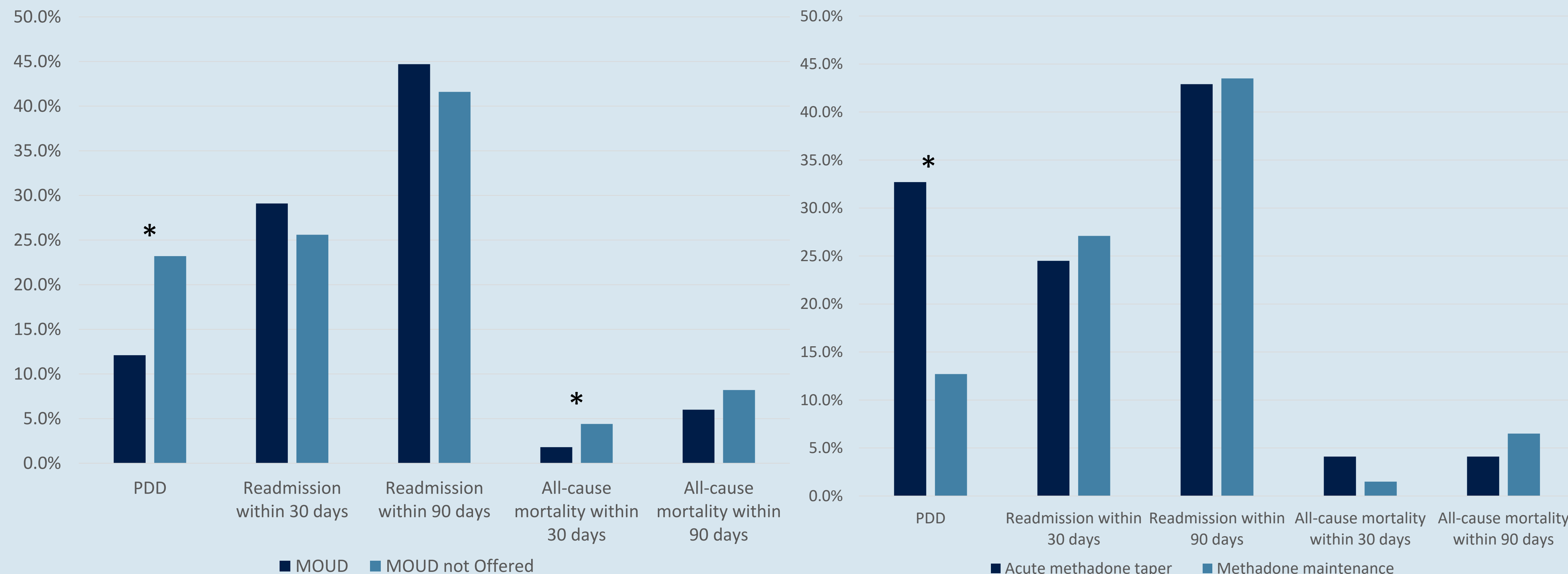
Methods

- Design: Cross-sectional study of MOUD usage and outcomes (PDD, readmissions, and mortality) for patients with OUD admitted to Hartford Hospital in 2023.
- Charts were manually reviewed and data was abstracted from each encounter including demographics, OUD strategy, urine drug screen, PDD, 30- and 90-day readmission, 30- and 90-day all-cause mortality (verified by state mortality data), naloxone prescriptions, and addiction medicine consult service (AMCS) involvement.
- 1156 inpatient encounters from 708 unique patients were recorded.

Patient Characteristics

	Inpatient MOUD	MOUD not offered	P-value
Average age (years)	50.2	49.5	0.42
Male	60.8%	73.4%	<0.03
Female	39.0%	26.6%	<0.03
Nonbinary	0.2%	0%	0.47
White	53.1%	42.0%	<0.03
Black	9.6%	19.8%	<0.03
Hispanic	35.8%	36.2%	0.92
Other race	1.5%	1.9%	0.66
Fentanyl positive on admission UDS	78.5%	86.7%	0.05
Seen by Addiction Medicine Consult Service	22.2%	0.0%	<0.03
N	801	207	

Results



Conclusions

- Patients who received MOUD were more likely to be white and female.
- PDD rates were lower for patients who received MOUD (12.1% vs 23.2%, p<0.03).
- Patients who received MOUD had lower all-cause mortality at 30 days (1.8% vs 4.4%, p<0.03).
- Every patient seen by the AMCS was offered MOUD, but a very large percentage was not seen by AMCS.
- Use of inpatient methadone taper rather than maintenance, including new inductions for maintenance, was associated with increased rates of PDD (32.7% vs 12.7%, p<0.03) and a trend towards increased 30-day mortality (4.1% vs 1.5%, p=0.19).

References

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Disclosures

The authors have no disclosures or conflicts of interests to declare.