

Comparative Outcomes of Opioid Withdrawal Management for Patients Admitted with Bacteremia



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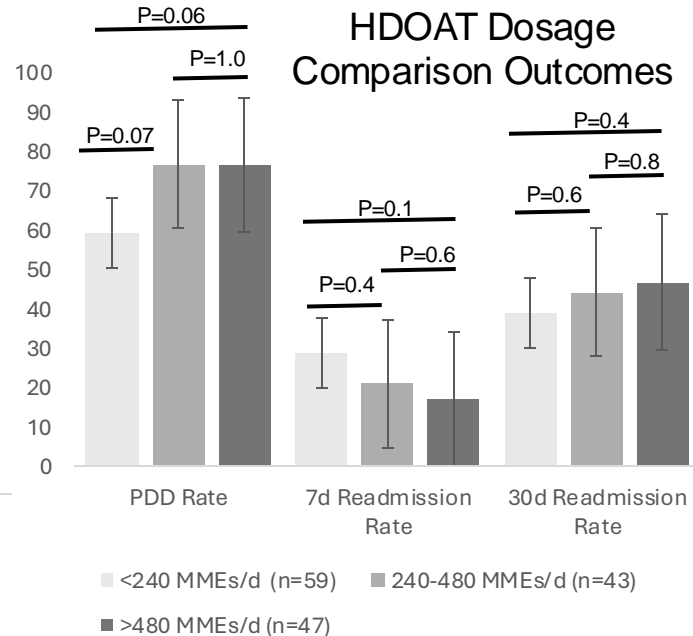
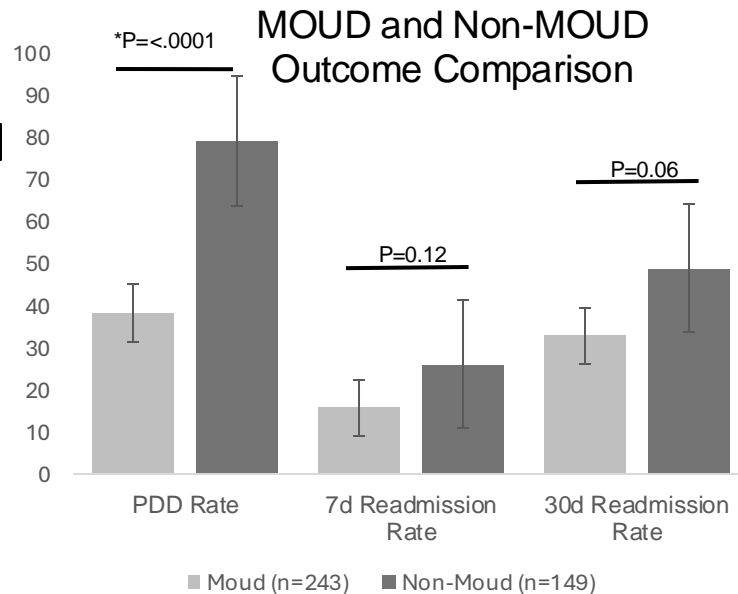
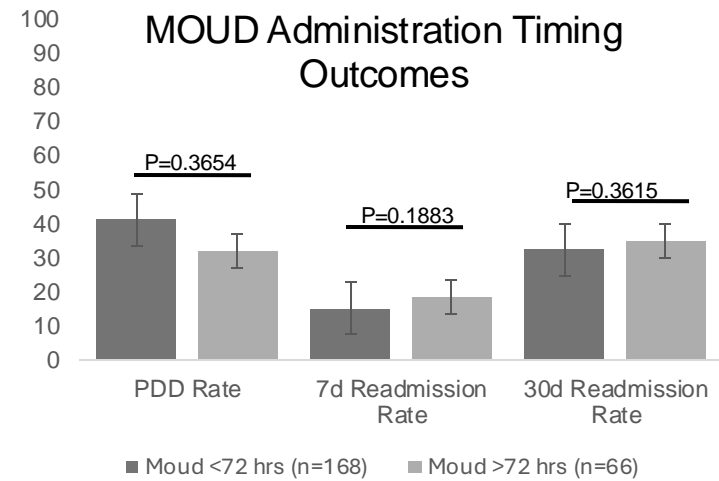
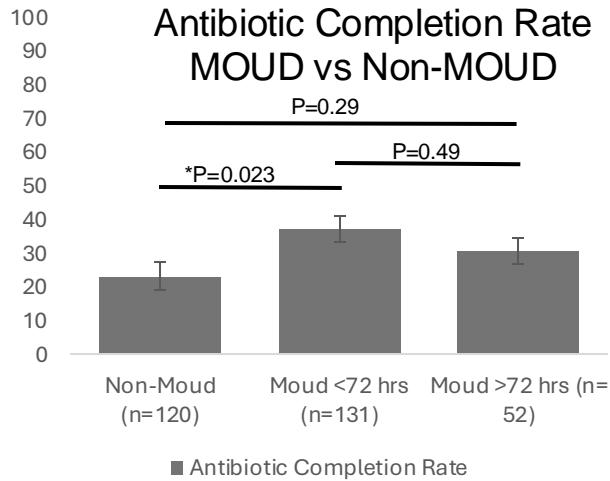
Background

- Hospitalized patients with opioid use disorder (OUD) present challenges in patient care due to patient-directed discharge (PDD), incomplete treatment, and frequent readmission.
- Injection-related bacteremia is common, often requires long-term intravenous antibiotics, and is high risk for infectious complications.
- This study compares clinical outcomes in patients admitted for bacteremia between those initiated on medications for OUD (MOUD) and those who received high dose opioid agonist therapy only (HDOAT).

Methods

- Data was collected for a retrospective chart review
- Patients included were admitted to TUH between Jan '20 and Dec '22 for OUD and bacteremia.
- Outcomes included patient directed discharge (PDD), 7- and 30-day readmission, inpatient mortality, and antibiotic completion.
- Patient groups were designated by initiation of MOUD or HDOAT only.

Figures



Results

- Patients who initiated MOUD experienced longer lengths of stay (3d v 8d), lower PDD rates (61% v 38%; OR 2.6, $p < 0.0001$), and similar 7d and 30d readmission rates ($p = 0.2$, $p = 0.3$).
- No significant differences in outcomes comparing initiating MOUD before or after 72 hours of admission.
- No significant differences in outcomes comparing MME's received in HDOAT group.
- Antibiotic completion was higher in MOUD group (35.3% v 23.5%; OR 1.78, $p < 0.031$), with some patients completing treatment in non-contiguous encounters.

Conclusion

- MOUD demonstrated better overall outcomes compared to HDOAT regardless of timing of initiation.
- No measured benefits to early vs late initiation of MOUD in patients with bacteremia.
- HDOAT may be an alternative strategy for patients who continue to decline MOUD despite counseling.

Disclosures

The authors have no relevant financial relationships or conflicts of interest to disclose.