

LONG-TERM PHYSICAL HEALTH OUTCOMES OF HEROIN DEPENDENCE

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Introduction: To assess physical health outcomes in a cohort of people with heroin dependence at an 18-20 year follow up.

Methods: At the time of their 18–20-year follow-up interview, members of the ATOS cohort were invited to complete a one-day health assessment. This involved review of medical history, medications, physical examination, spirometry, fibroscan, fasting morning phlebotomy, ECG and CT Coronary Angiogram.

Key Findings: 130 members of the cohort underwent assessment; mean age 47, 71 (55%) prescribed opioid agonist treatment (OAT). 105 (81%) diagnosed with one or more Australian Institute of Health and Welfare chronic physical health condition(1). Five undiagnosed cases of diabetes, nine undiagnosed active hepatitis C infections, 27 undiagnosed lipid or cholesterol abnormalities. Mean time from last review by doctor 31 days. Evidence of adrenal insufficiency (AM cortisol <150nmol/L; not prescribed steroids) detected in 14% of patients who used heroin in the previous month, 18% in patients engaged with OAT, 0% of patients who had not used opioids in the previous six months. Hypogonadism (AM serum testosterone <10nmol/L) detected in 34% of males, and 56% of males prescribed methadone.

Discussion and Conclusions: High rates of disease, including conditions diagnosable on routine blood tests, amongst the cohort despite engagement with the medical system. Opioids, prescribed or unprescribed, appeared to affect adrenal and gonadal function.

Implications for Practice or Policy: Clinicians, especially prescribing doctors, should be investigating for physical sequelae of opioid dependence and treatment, including fasting lipid assessment, AM cortisol and gonadal assessment, and review of blood-borne virus status.

References

1. Australian Institute of Health and Welfare. Chronic conditions and multimorbidity [Internet]. 2020 [cited 2022 Apr 26]. Available from: <https://www.aihw.gov.au/reports/australias-health/chronic-conditions-and-multimorbidity>

Discussion Section: The discussion will aim to increase our understanding of the long-term outcomes of people with heroin dependence, particularly during a critical stage of the life-course. It is anticipated that this will facilitate clinically relevant ideas that may modify the course of illness, and initiate opportunities for future collaborations and investigation.