RESULTS OF A MULTI-SITE RANDOMIZED CONTROLLED TRIAL OF AN INTEGRATED CARE MODEL OF LONG-ACTING INJECTABLE BUPRENORPHINE WITH INFECTIOUS DISEASE TREATMENT AMONG PERSONS HOSPITALIZED WITH INFECTIONS AND OPIOID USE DISORDER

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Background:
Hospitalization with co-occurring opioid use disorder (OUD) and related infections presents a critical time to start medication treatment for OUD (MOUD), however it is unknown how to optimize retention post-discharge. An injectable long-acting monthly formulation of buprenorphine (LAB) has a potential advantage for initiating MOUD within hospital settings and bridging to treatment after discharge.

Methods:
A 12-week multisite randomized controlled trial of the effectiveness of LAB with ID care (ID/LAB) compared to treatment as usual (TAU) was conducted among hospitalized adults aged 18 and older with current DSM-5 moderate to severe OUD and infection. Eligible consented participants enrolled at 7 inpatient medical hospitals in 3 states (Connecticut, Pennsylvania, South Carolina) within the United States from August 19, 2020 through October 31, 2023, were randomized 1:1 to ID/LAB or TAU. All participants were provided with a nurse care manager who performed medical management and helped with transportation and other social needs throughout the entire study period. The primary outcome measure was the proportion of patients enrolled in effective MOUD at 12 weeks after randomization. Secondary outcomes included opioid use, overdose, completion of infectious disease treatment, and adverse events.

Results:
Of the 171 randomized participants (86 ID/LAB, 85 TAU), the mean age was 39 years and 48% female, and 68% (N=59) of the ID/LAB arm and 74% of the (N=63) TAU arm completed the 12-week intervention. There was no statistically significant difference between the ID/LAB (59%) and TAU groups (54%) in receipt of a form of MOUD at 12 weeks.

Conclusion:
The integrated LAB/ID model did not improve receipt of MOUD at 12 weeks over TAU; however, given that the TAU arm had higher retention than anticipated, it is possible that the intensive nurse-case management services provided to all participants may have improved outcomes and should be evaluated in future studies.

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