

# **151** Authorities

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#### Author Affiliations



- Stephen Ling
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  - Hunter New England Local Health District, NSW Ministry of Health and The University of Newcastle
    - · The authors have no further declarations

#### **Ethics Approval**



• Ethics approval was provided by Research Ethics and Governance, Hunter New England Local Health District AU201703-11.



#### Aims



 To examine the characteristics, treatment and treatment outcomes of a cohort of opioid dependent patients prescribed opioid agonist treatment by a Nurse Practitioner



# Methods

- Retrospective clinical file audit
  - Medical records
  - CHIME
  - CAP
  - DMR
- Authorities approved for a Nurse Practitioner between 30/4/10-31/1/17
- John Hunter Hospital
  - Inpatients
  - Outpatients
- Newcastle Pharmacotherapy Unit

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# Data Collected

- Gender
- Age
- Income
- Accommodation
- Living arrangements
- Smoking status
- Co-morbidities

- Time in treatment
- Primary opioid
- Treatment type
- Reason for treatment
- Maximum doses used
- Exit status and exit reason







#### Patient Occasions and Authorities

- 137 patients
  - 5 patients re-treated
- 142 occasions of treatment
  - 9 patients changed treatment type
- 151 authorities



Demographics		94 (66%) 46 (32%) 2 (1%)
	31-40 41-50 51-60	29 (21%) 55 (39%) 36 (26%) 18 (12%) 4 (3%)
		4 (3%)
Health Hunter New England Local Health District	Family/Friends Homeless	35 (25%) 17 (12%) 21 (15%)



## **Treatment Medication**



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# Treatment Medication, By Indication



## Retention

- Bell et al, 2009
  - Methadone 271 days
  - Buprenorphine 40 days
- Burns et al, 2015
  - Methadone 240 days
  - Buprenorphine 51 days



Retention					
	All Patient Occasions <i>n</i> =142	Buprenorphine <i>n</i> =44	Methadone <i>n</i> =89	Changes $n=9$ 5 M $\rightarrow$ B 4 B $\rightarrow$ M	
Gender Male Female Transgender	94 46 2	19 25	69 18 2	6 3	
Age median (range)	38 (18-74)	37 (18-74)	38 (23-63)	43 (28-56)	
Retention days median (range)	154.5 (0- 1906)	115 (0-1906)	150 (0-1834)	230 (31-1230)	
Dose Buprenorphine Methadone		12mg (0-32)	90mg (0-200)	16mg (8-18) 50mg (30-80)	

## Key Differences

- Bell et al, 2009
  - First episode of treatment
  - Transfers included
  - Zero dose deleted
  - Treatment in prison deleted
  - Mean ages 29.6 years vs 39.3 years
- Burns et al, 2015
  - New entrants only
  - Transfers <7 days included as continuous



### Audit Treatment Endpoint





#### Lower methadone retention?



- · Transfers treated as exit
  - Transfers in familiar with treatment expectations
- Pharmacotherapy clinic environment?
- Older population (Bell et al, 29.6 years)
- Buprenorphine less restrictive?
  - Shorter clinic dosing
  - More takeaways

#### Inpatient Commenced - Lower Retention

- Hospital population
  - Prepared to accept treatment whilst medically unwell only?
  - Doses therapeutic in hospital but not in the community?
  - Failure to address other contributing factors?



## Other Health Related Conditions

- BBV
  - 38 known HCV RNA PCR detected
  - 7 HCV antibody reactive
  - 8 negative
  - 1 HIV positive
  - 4 chronic HBV
- Smoking
  - 124 smokers
  - 17 non-smokers
  - 1 ex-smoker

- Chronic medical condition
  - 106 patients with at least 1 co-morbid chronic health problem \*
- · Mental health comorbidity
  - 83 patients with a previous mental health diagnosis\*
- 65 of these both\*
  - \* preliminary



## Mortality



- 4 deaths
- 2 deaths in NP treatment
  - -1 Fall acute alcohol intoxication (methadone)
  - 1 suicide (buprenorphine)



#### Conclusion



- Nurse Practitioners can safely prescribed opioid agonist treatment
- Patients managed by the Nurse Practitioner have multiple complex medical, psychological and social problems
- Treatment retention has been lower than expected for methadone
- Treatment retention has been higher than expected for buprenorphine

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## Thank You

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