

Patients' Illness Models Influence Their Beliefs in Opioid Use Disorder Treatment Efficacy

INTRODUCTION

- Addiction was historically portrayed as a choice or “moral failing”
- The medical community has increasingly medicalized addiction, including illness models such as the “brain disease” and “chronical medical condition” models
- Illness models held by clinicians impact their treatment and views of patients
- Research on illness models among people with addiction or their implications is limited

OBJECTIVE

To investigate illness models among people with opioid use disorder (OUD) enrolled in outpatient methadone treatment and the relationship between individual belief in these models, demographics, and treatment beliefs

METHODS

- Setting: the APT Foundation, a low-barrier opioid treatment program in New Haven, Connecticut
- Population: English-speaking adults enrolled in methadone treatment recruited at 30-day treatment review sessions
- Procedure: Voluntary cross-sectional survey containing questions about
- Analysis: Spearman correlations corrected for multiple testing with Benjamini-Hochberg procedure

RESULTS

Scale ranges from: 1= Strongly Disagree to 7=Strongly Agree	M	SD	Participant Agreement N (%)	Participant Neutral N (%)	Participant Disagreement N (%)
<i>Illness model</i>					
Chronic Medical Condition	4.0	2.2	186 (41.7)	93 (20.9)	167 (37.4)
Brain Disease	4.2	2.1	208 (46.2)	97 (21.6)	145 (32.2)
No Explanation	2.9	2.0	98 (21.9)	78 (17.4)	272 (60.7)
<i>Treatment efficacy</i>					
OTP treatment effective	5.7	1.6	369 (82.2)	42 (9.4)	38 (8.5)
Counseling importance	5.7	1.6	362 (80.4)	52 (11.6)	36 (8.0)
12-Step best treatment	4.2	2.1	199 (44.3)	113 (25.2)	137 (30.1)
<i>Beliefs about methadone</i>					
Taking methadone daily importance	6.1	1.4	401 (89.1)	25 (5.6)	24 (5.3)
Methadone life-saving	5.6	1.5	339 (76.4)	77 (17.3)	28 (6.3)

Table 1. Summary statistics and counts for participant illness models and treatment beliefs

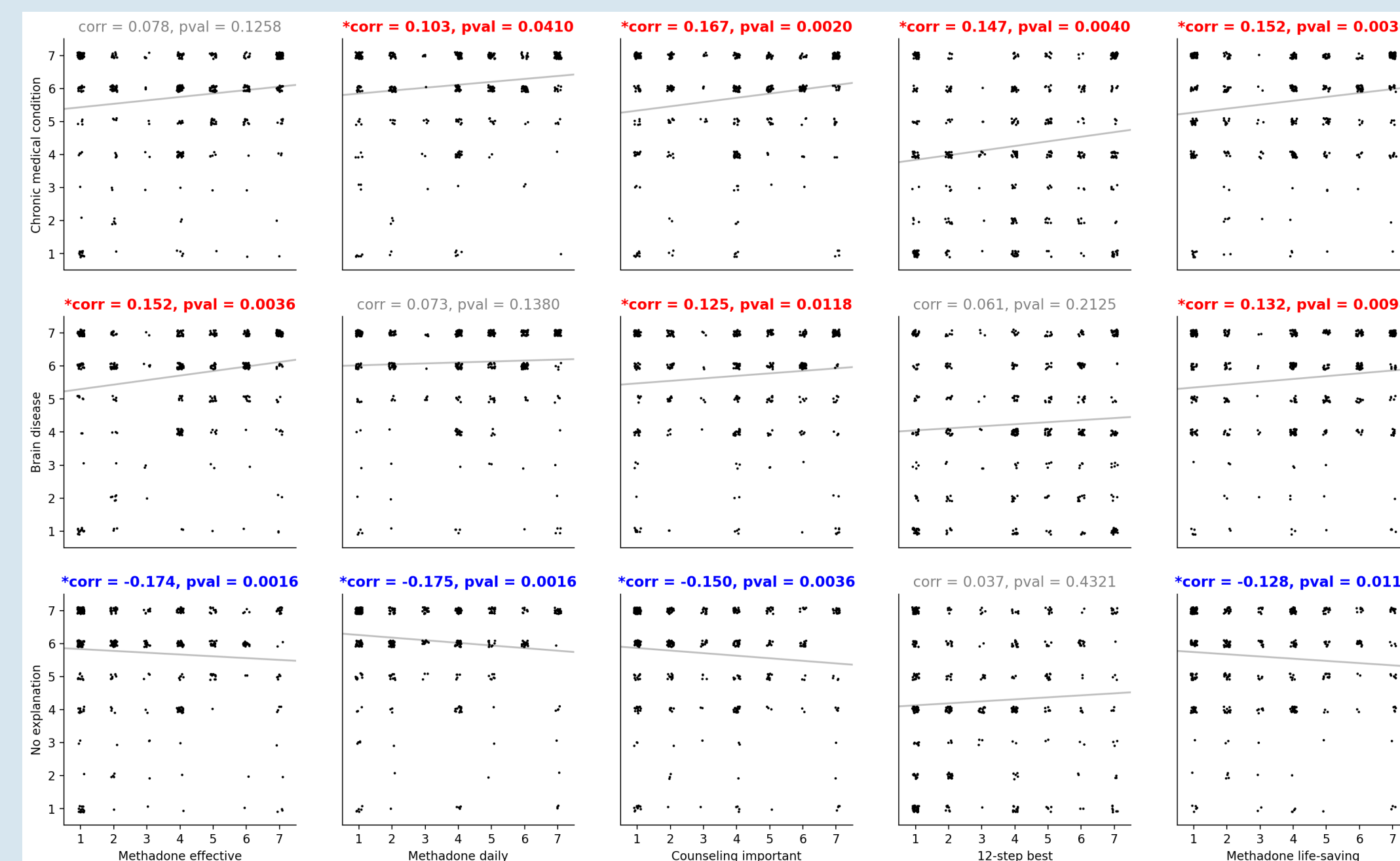


Figure 1. Correlations between participant agreement with illness models (Y Axis) and treatment beliefs (X axis)

CONCLUSION

- Medicalized illness models were common among people with OUD enrolled in methadone treatment
- Medicalized illness models were associated with more positive treatment beliefs
- Believing there is no explanation for one’s addiction was negatively associated with believing in the efficacy of standard of care for OUD
- Patients’ illness models are related to their beliefs in treatment efficacy, which together may influence treatment behavior
- Limitations: non-validated but face valid survey, limited to one state
- Whether individuals’ illness models change over time and are influenced by their exposure to treatment

AUTHORS & DISCLOSURES

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