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National Drug Abuse Treatment Clinical Trials Network



Changes in Quality of Life in cocaine-dependent participants provided treatment with buprenorphine+naloxone combined with extended release naltrexone

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ABSTRACT

Aim:

Quality of life is an important construct in assessing outcomes of substance use treatment interventions. The goal of the current analysis was to evaluate changes in participants' quality of life in The National Drug Abuse Treatment Clinical Trials Network multi-site Cocaine Use Reduction with Buprenorphine (CURB) study in cocaine-dependent opioid users.

Methods:

Participants in the 8-week trial were randomly assigned to 1 of 3 conditions provided with extended-release injectable naltrexone:

16mg/day buprenorphine+naloxone (BUP) (BUP16), 4mg/day BUP (BUP4), 0mg/day BUP (placebo, PLB), plus weekly cognitive behavioral therapy. Participants completed the WHOQOL-BREF at screening, end of medication/treatment, and the 3-month follow-up. This 24-item measure assessed quality of life across four domains: physical, psychological, social, and environmental.

Results:

Of the 302 participants in the study, 219 completed QOL surveys at all time points and were used in the analyses. Baseline Quality of Life (QOL) scores were lower than the norms established for individuals in a healthy population in all domains. No treatment effects were found, however, there were statistically significant differences in the mean ratings of QOL across the time points in all domains:

Physical ($F(2, 432) = 40.93, p < .001$),
Psychological ($F(2, 432) = 40.32, p < .001$),
Social ($F(2, 432) = 25.91, p < .001$)
Environmental ($F(2, 432) = 46.05, p < .001$).

Despite the significant increase in QOL at the end of treatment, compared to the general population participants were still scoring low in the Social and Environmental domains, but close to the same level on the Physical and Psychological domains as those who reported being in 'fair health' in a general population.

Conclusions:

The results show statistically significant improvements in physical, psychological, social, and environmental quality of life between the start and end of treatment. However, despite the improvement participants remained considerably lower than healthy population norms across some domains, suggesting the particular disadvantage and vulnerability of this substance using population.

DISCUSSION

The results show statistically significant improvements in physical, psychological, social, and environmental quality of life between the start and end of treatment. However, despite the improvement participants remained considerably lower than healthy population norms across some domains, suggesting the particular disadvantage and vulnerability of this substance using population. This is consistent with previous research which demonstrates that quality of life is poorer among substance users compared with cohorts without substance use disorders⁵.

INTRODUCTION

Quality of life is an important construct in assessing outcomes of substance use treatment interventions. The goal of the current analysis was to evaluate changes in participants' quality of life in The World Health Organization Quality of Life (WHOQOL) Group defines quality of life as individuals' subjective perceptions of their position in life in the context of the cultural, social and environmental systems in which they live¹. This construct may also serve a vital role in evaluating outcomes of substance use treatment interventions, as substance use can affect individuals' overall perceptions about and satisfaction with life in various domains (e.g., societal roles and relationships, work). The goal of the current analysis was to evaluate changes in participants' quality of life in The CTN multi-site CURB study in cocaine-dependent opioid users.

METHODS

This secondary analysis examined data from the WHOQOL-BREF², a 24-item measure that assessed quality of life across four domains: physical, psychological, social, and environmental. This measure was given at screening, end of medication/treatment, and the 3-month follow up. All 302 participants in the 8-week CURB trial were randomly assigned to 1 of 3 conditions provided with extended-release injectable naltrexone:

16mg/day buprenorphine+naloxone (BUP) (BUP16), 4mg/day BUP (BUP4), 0mg/day BUP (placebo, PLB), plus weekly cognitive behavioral therapy. Of QOL surveys at all time points and were used in the analyses.

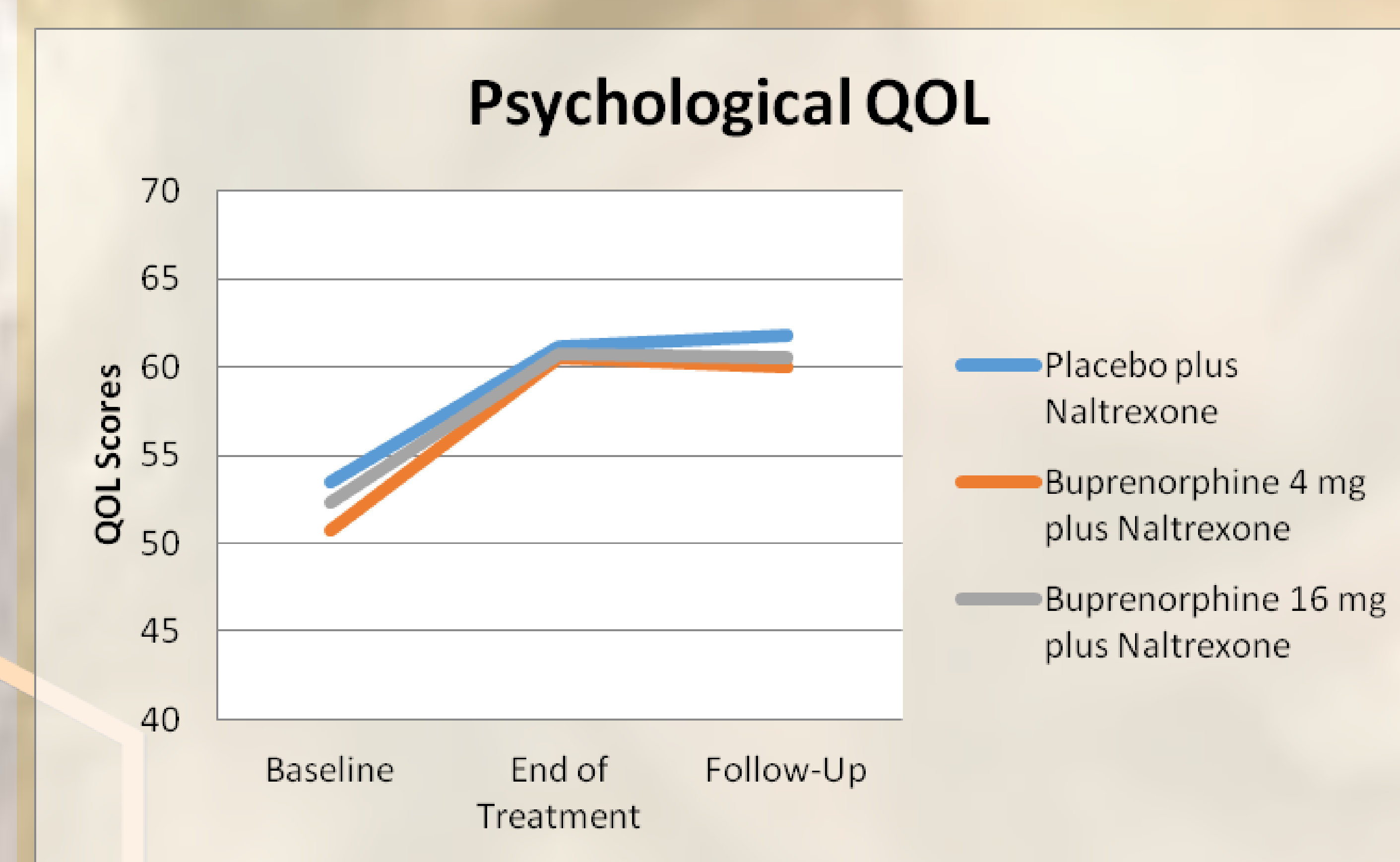
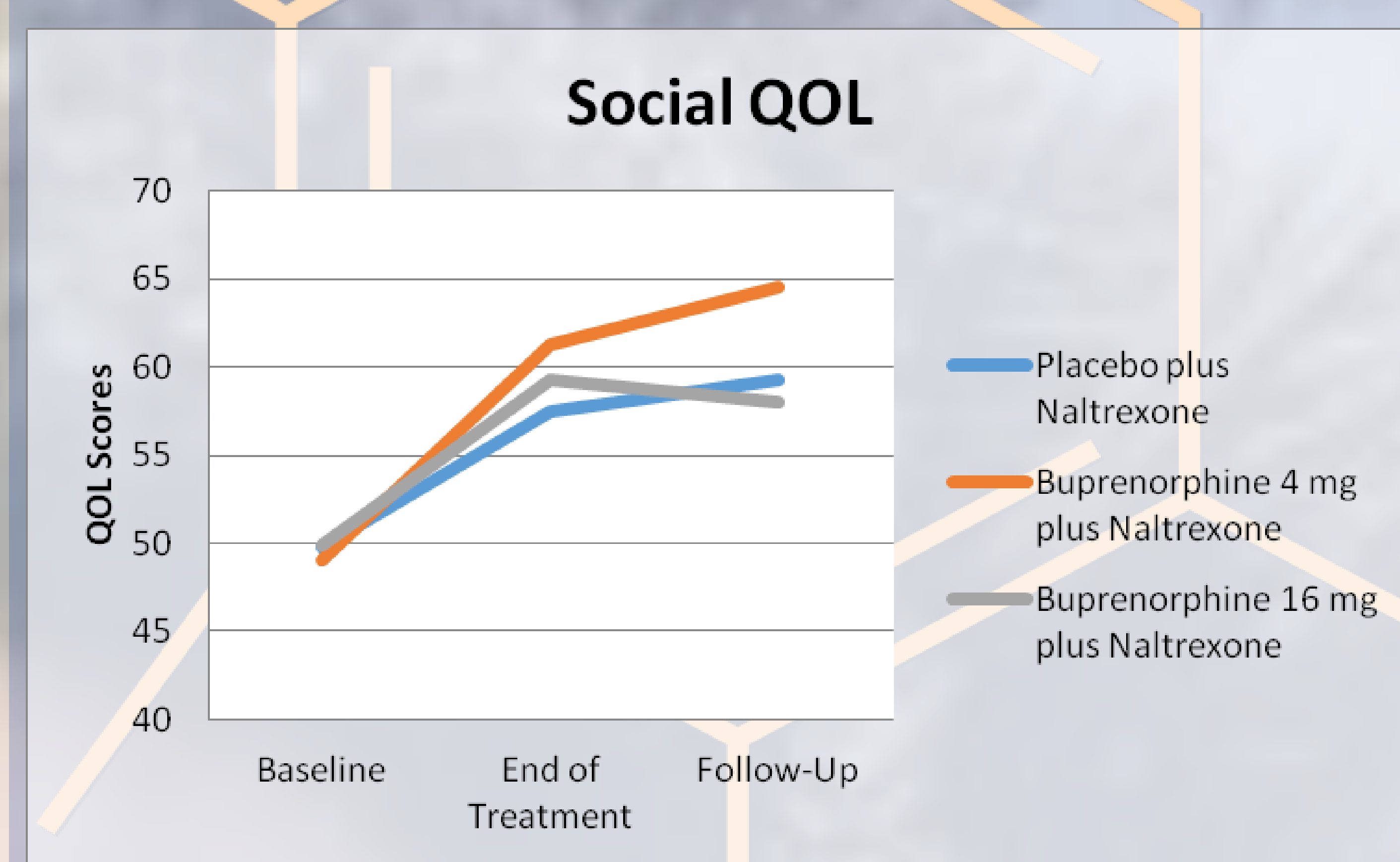
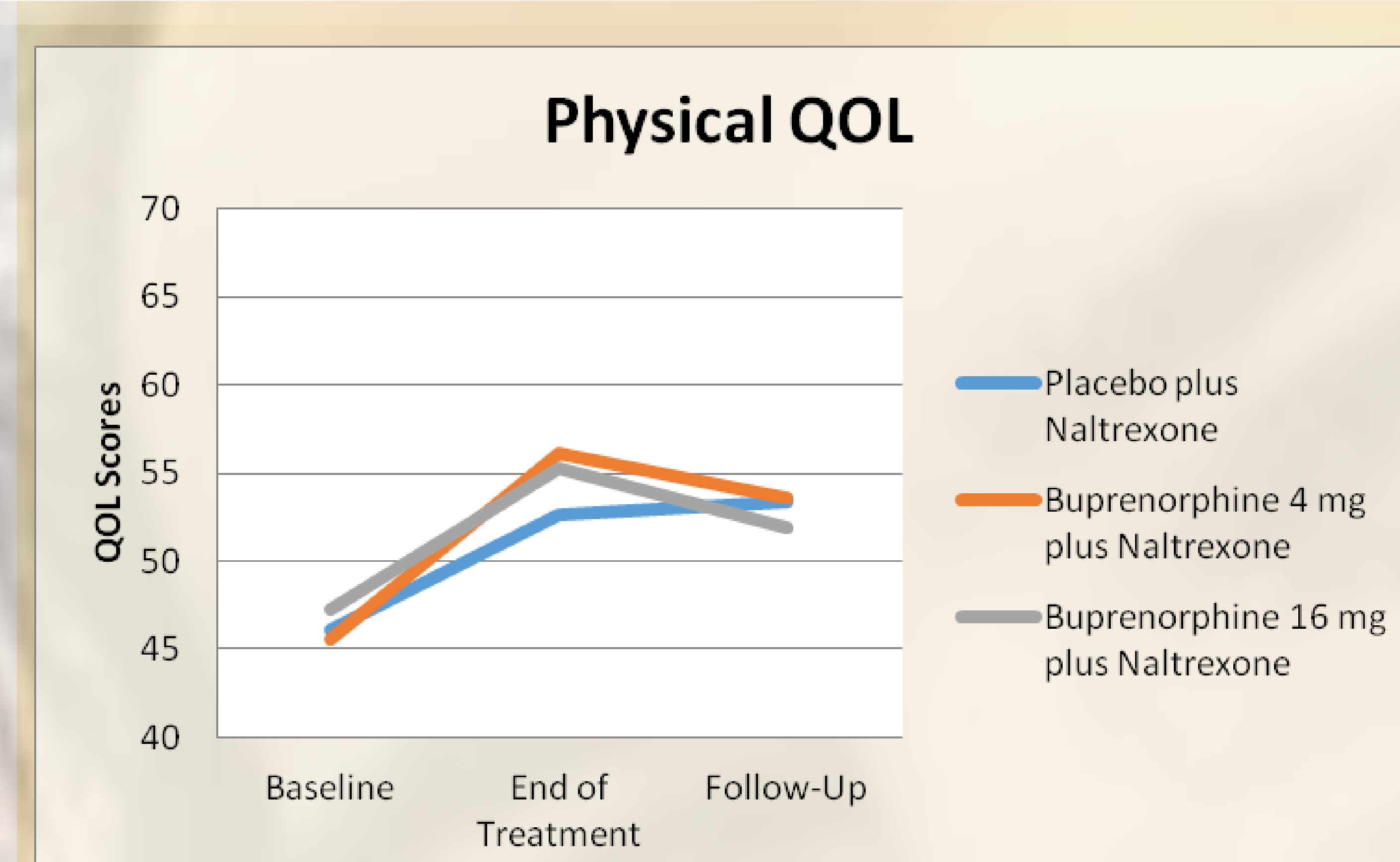
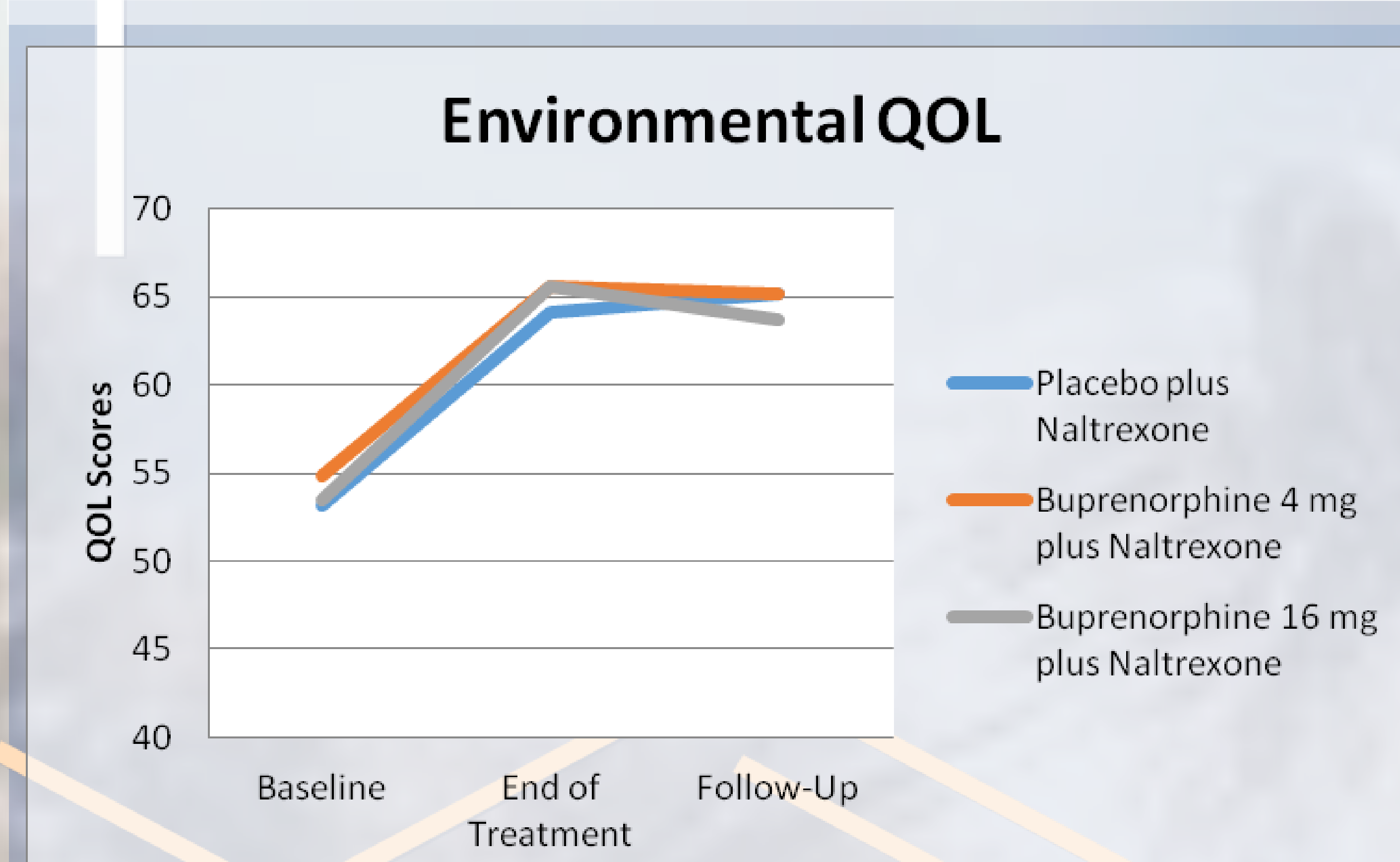
Longitudinal analysis of UDS data during the evaluation period in the CURB trial found a statistically significant difference between BUP16 and PLB groups, but not BUP4³.

RESULTS

Baseline Quality of Life (QOL) scores were lower than the norms established for individuals in a healthy population in all domains. No treatment effects were found, however, there were statistically significant differences in the mean ratings of QOL across the time points in all domains:

Physical ($F(2, 432) = 40.93, p < .001$), **Psychological** ($F(2, 432) = 40.32, p < .001$),
Social ($F(2, 432) = 25.91, p < .001$) and **Environmental** ($F(2, 432) = 46.05, p < .001$).

Despite the significant increase in QOL at the end of treatment, participants were still scoring poorly on the Social and Environmental domains compared to the general population⁴, while the Physical and Psychological domain scores approached those who reported being in 'fair health'.



CONCLUSIONS

There is growing recognition that in the Substance Use Disorder (SUD) field recovery is best conceptualized as abstinence as well as improvements in global functioning³, and the Substance Abuse and Mental Health Services Administration (SAMHSA) has defined recovery as "a process of change through which an individual achieves abstinence and improved health, wellness, and quality of life"⁷.

This study demonstrates the feasibility of incorporating a quality of life assessment in SUD research and changes in quality of life throughout the study across various domains.

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