



Relationships Between Craving, Quality of Life, Health Satisfaction, and Cocaine Abstinence with the Treatment Effectiveness Assessment in a Sample of People with Cocaine Use Disorder

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Background

- The Treatment Effectiveness Assessment (TEA) score is derived from a 4-item self-administered assessment utilizing a Likert scale to evaluate changes across four life domains: substance use, personal responsibilities, health, and citizenship.
- The World Health Organization Quality of Life Brief (WHOQOL-BREF) scale is a shortened version of the original instrument that may be more convenient for use in large research studies or clinical trials. It assesses the individual's perceptions in the context of their culture and value systems, and their personal goals, standards, and concerns.
- Cocaine craving is a core symptom of cocaine use disorder and remains a consistent obstacle to achieving sustained reductions in use and relapse prevention.

Aim

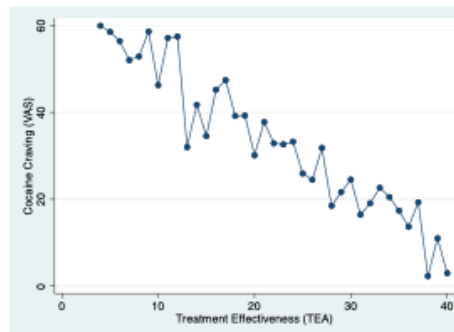
- Examine relationships between quality of life and health satisfaction (using the WHOQOL scale), cocaine use (using urine drug screens), and patient ratings of treatment effectiveness, as measured by the TEA over 8 weeks of treatment.

Methods

- We conducted a secondary data analysis of a previously reported National Drug Abuse Treatment Clinical Trials Network clinical trial, *A randomized study to test the safety and effectiveness of buprenorphine in the presence of naltrexone for the treatment of cocaine dependence*, CTN0048.
- This is a double-blind, placebo-controlled study (N=302). After being successfully initiated on extended-release naltrexone, participants were assigned to one of three conditions of buprenorphine (placebo, 4mg/day, 16mg/day) and extended released naltrexone for 8 weeks, with 3 visits per week. Cognitive behavioral therapy was provided weekly.
- Generalized estimating equations were used to analyze relationships between our target variables and the TEA.

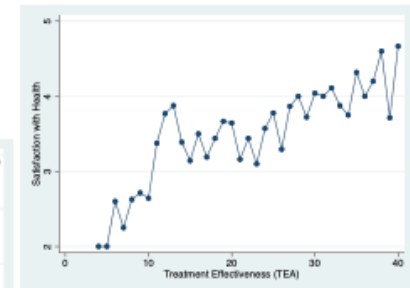
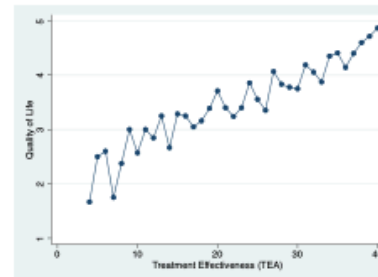
Results

- Significant negative relationship between cocaine craving and TEA ($p<0.001$, $B=-0.115$).



Results

- Significant positive relationships between patient quality of life ($B=5.148$, $p<0.001$) and satisfaction with health ($B=3.738$, $p<0.001$), and TEA.



- Results from a model including 4 health domains indicated that there were significant positive relationships between health domains and TEA as well (physical: $B=0.322$, $p=0.048$; psychological: $B=1.019$, $p<0.001$; social: $B=0.240$, $p=0.003$; and environmental health $B=0.924$, $p<0.001$).
- TEA was not significantly related to longest duration of abstinence (LDA) for cocaine verified by urine drug screens (LDA; $B=-0.125$, $p=0.147$).

Conclusions

- Self-reported treatment effectiveness was integrally related to patient level factors, over time, while in treatment for cocaine use disorder and receiving placebo or buprenorphine and extended-release naltrexone, however, TEA was not predictive of LDA.
- Recognizing and providing parallel intervention for these patient level factors during substance use disorder treatment may enhance patient reports of treatment effectiveness, indicating improvement across the patient reported domains of substance use, life satisfaction, health, and community.



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