

Patient and Provider Attitudes Toward Use of Medication for Opioid Use Disorder

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Introduction

- In the United States, opioids were found to be involved in over 80,000 overdose deaths in 2021, ten times the number of opioid overdose related deaths in 1999 (Centers for Disease Control and Prevention, 2023).
- It is estimated that 2 to 5 million adults suffer from opioid use disorder (OUD) in the U.S. each year and deaths due to opioid overdose were the number one cause of accidental death in 2018 (Wakeman et al., 2020).
- Over 65% of people suffering from OUD do not receive treatment (McGinty, 2020).
- FDA approved medications to treat OUD include buprenorphine, methadone, and naltrexone and are effective in reducing opioid cravings, the incidence of relapse, and overdose (Cioe et al., 2020).
- Buprenorphine is a partial opioid agonist and methadone is a full agonist- both are used to limit the euphoric effects of other opioids by binding to brain receptors (Pasman et al., 2023).
- Naltrexone is an opioid antagonist which works by blocking opioid receptors to also limit euphoric effects (Pasman et al., 2023).
- Despite methadone and buprenorphine being established as the gold standard of treatment for OUD, there persists a negative stigma regarding MOUD by both patients and providers (Wakeman et al., 2020).
- For providers, evidence shows this is attributed to a lack of education regarding MOUD, a discomfort prescribing MOUD, concerns for diversion, a lack of empathy toward patients with OUD, and a false belief that they are simply replacing one addiction with another (Dickson-Gomez et al., 2022).
- For patients, much of their hesitancy, negative stigma, and limited knowledge is often second-hand from healthcare providers (Cioe et al., 2020).

Purpose

- The purpose of this project was to examine the source and effect of negative perceptions of patients with OUD and their providers regarding MOUD to make recommendations to providers to improve treatment and outcomes for this population.

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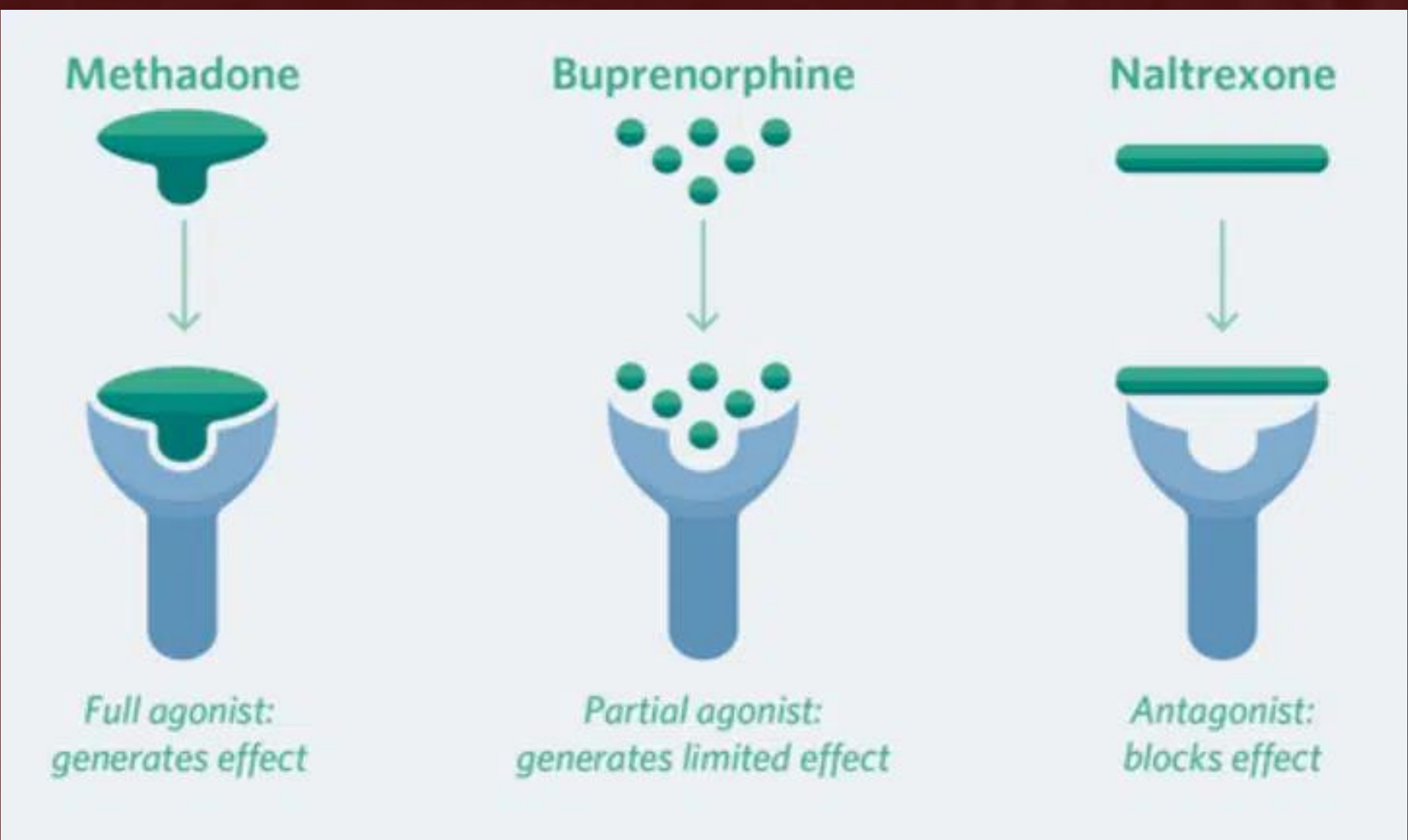
How do patients with opioid use disorder and their providers perceive the use of medication to treat opioid use disorder?

Conceptual Framework

- Betty Neuman's Nursing Theory, The Neuman Systems Model, is designed with nursing focused on the client as a system and his or her response to stressors (Nursing Theory, 2023).
- The client's system is comprised of physiological, psychological, sociocultural, developmental, and spiritual components (Nursing Theory, 2023).
- This ideology is important to maintain when considering those with substance use disorder because their illness stems from their poor response to stressors and their recovery process will be multifactorial.

Methods

- A literature review was conducted using a comprehensive search of four databases including PubMed, CINAHL, Science Direct, and APA PsycInfo.
- Keywords for the search: stigma, perceptions, providers, patients with opioid use disorder, medication for opioid use disorder, and barriers to treatment
- Inclusion criteria: In English and performed in the U.S., published within the last 5 years, primary research, peer-reviewed, addressed or related to the population of interest, addressed the purpose of the systematic review, and helped to inform or solve the issue
- Exclusion criteria: studies that did not address the topic or population of interest
- The initial search yielded 363 articles which were further screened for inclusion/exclusion criteria and removed if they lacked clarity of results, had conflicting findings, or lacked an outcome of interest which left 7 articles to be included in this review.
- The sample included three cross-sectional, quantitative studies, three qualitative studies performed with interviews or focus groups, and one quantitative survey.



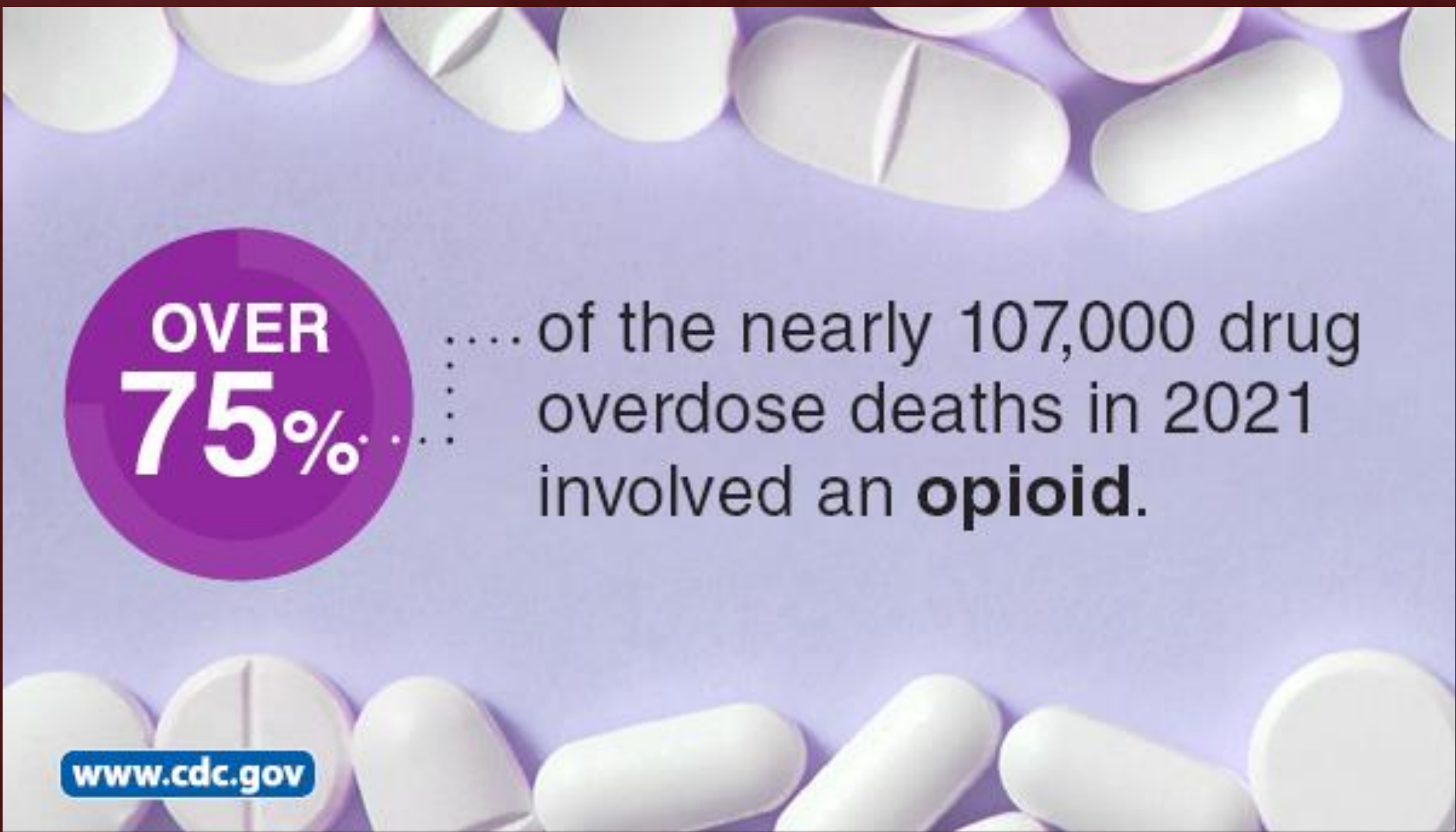
(Livengren Foundation, 2023)

Strengths

- Only studies published within the last 5 years and conducted in the United States were analyzed.

Weaknesses

- Limited availability of studies that provided a high level of evidence which limits the applicability of the results to a larger population.
- Many of the studies were performed qualitatively and required subjective reports from the participants.
- Many of the studies gathered their findings on a volunteer basis meaning that this potentially eliminated many subjects experiencing stigma surrounding OUD.



(Centers for Disease Control and Prevention, 2023)

Findings

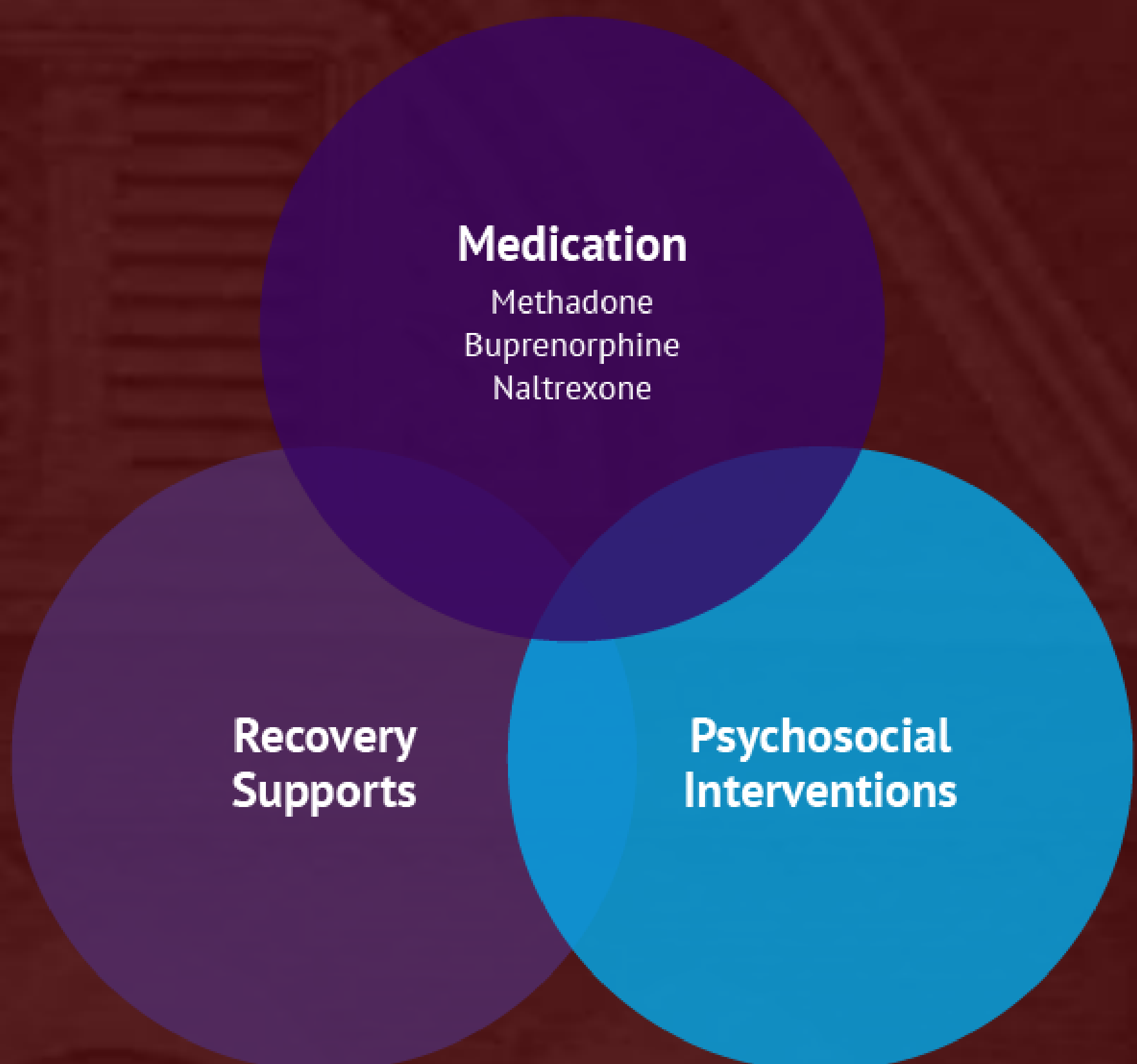
- Thematic analysis methods by Whittemore and Knafl (2005) were utilized to identify themes across the studies.
- **Theme 1: Providers and Patients Carry Negative Perception Toward MOUD;** All seven studies show that many healthcare providers and patients have persistent false beliefs regarding MOUD despite it being the gold-standard of care for OUD (Adzrago et al., 2022; Bagley et al., 2022; Carl et al., 2023; Chou et al., 2022; Dickson-Gomez et al., 2022; McGinty et al., 2020; Pasman et al., 2022).
- All seven studies show there continues to exist a stigma among healthcare providers, inhibiting the utilization and access to MOUD for OUD patients (Adzrago et al., 2022; Bagley et al., 2022; Carl et al., 2023; Chou et al., 2022; Dickson-Gomez et al., 2022; McGinty et al., 2020; Pasman et al., 2022).
- All three studies that specifically evaluated patients' attitudes toward MOUD showed that stigma among healthcare providers negatively influenced their opinions (Bagley et al., 2022; Carl et al., 2023; Dickson-Gomez et al., 2022).
- Patients with OUD found it difficult to suppress these views for themselves, despite being successful in their recovery while receiving MOUD treatment (Bagley et al., 2022; Chou et al., 2022; Dickson-Gomez et al., 2022).
- **Theme 2: MOUD is Perceived as Replacement Drug by Providers and Patients;** Three studies showed a common perception that MOUD is exchanging on drug for another (Adzrago et al., 2022; Bagley et al., 2022; Chou et al., 2022).
- Two articles recognized that patients were regrettably influenced by others' perceptions of MOUD, despite their own progress in recovery (Bagley et al., 2022; Chou et al., 2022).
- One article gathered patient accounts that expressed they did not feel truly sober while being prescribed MOUD (Bagley et al., 2022).
- This misconception not only prevents providers from offering effective treatment options but discourages patients with OUD from seeking treatment.

Implications for Practice

- Healthcare providers, including advanced practice nurses, have a responsibility to be well-informed and resistant to long-standing misconceptions that inhibit the progression of treatment for OUD patients
- Providers' attitudes must be adjusted as they have a strong influence on OUD patients
- Efforts must be initiated to better educate professionals providing or referring patients to MOUD to offer better support and dismantle the stigma associated with MOUD

Recommendations

- All studies utilized in this review acknowledged a need for further, higher quality research to better address the negative attitudes toward MOUD by both providers and patients
- One goal of research would be to re-evaluate policies in areas such as those regulating the dispensing of methadone which may be more stigmatizing to the drug than promoting treatment outcomes.
- Incorporate educational seminars or classes led by individuals who support MOUD, have achieved recovery with MOUD, and can discuss the misconceptions found to be associated with MOUD treatment.
- Since stigma surrounding MOUD is built on a foundation of stigma towards those with OUD, education should be aimed towards correcting these perceptions with the intention of then altering attitudes toward MOUD.
- Enhanced education should be provided to OUD patients to encourage their progress and reverse the mentality that MOUD is simply swapping one dependency for another.



(American Medical Association, 2023)

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References available upon request