EPP0082

Research of cognitive disorders and quality of life in patients, who are receiving methadone replacement maintenance therapy

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Introduction: Important goals of substitution therapy include: reducing the desire to use opioids - methadone enters the brain with a minimal euphoric effect, reduce the desire to use opioids, allowing to avoid the risk of overdose and control their addiction; prevention of withdrawal syndrome; improving the quality of life - can contribute to the restoration of patients, allowing them to return to a normal life, improve their social, professional and family situation; reducing the risk of transmission of infections HIV and hepatitis; reducing crime - control addiction can reduce related crime and to illicitly obtain opioids; psychosocial support helps patients develop coping strategies and increases their chances of long-term recovery.
The goal of substitution therapy is not to completely get rid of addiction, but it can help stabilize the patient’s life and facilitate the recovery process.

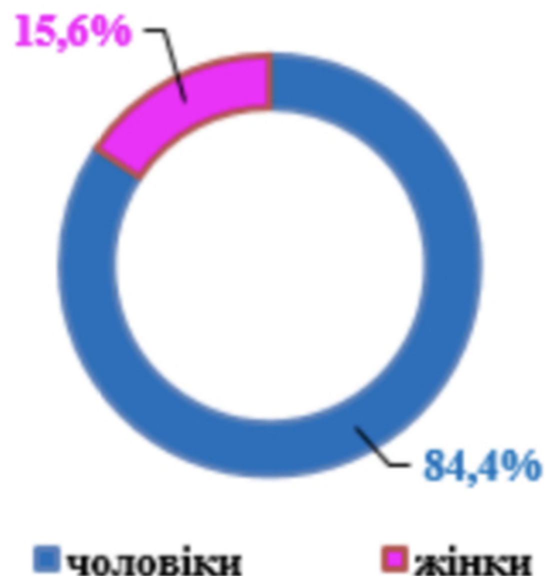
Objectives: Many patients receiving MT also have mental disorders such as cognitive decline, depression, anxiety, PTSD, or even bipolar disorder. These conditions can greatly affect the course and results of treatment.They may also have problems with employment, housing, family conflicts, and legal issues.

Methods: In the course of the study, 134 patients aged 26 to 64 years (105 men and 29 women) with a diagnosis of opioid addiction and receiving methadone therapy were examined. Of them, 48 patients had a period of stay at MT of up to three years and 86 – more than three years. The Montreal Cognitive Scale (MoCA) was used to assess comorbid cognitive impairments. The WHOQOL-BREF questionnaire was used to assess the quality of life.

Results: The range of indicators of cognitive functions varied from 21 to 29 points (average - 25.3). 61 patients (46%) showed a result of 26 and above, indicating the absence of cognitive impairment, 51 patients (38%) received from 24 to 21, indicating moderate cognitive impairment. 22 patients (16%) had borderline indicators.
When assessing the level of quality of life, indicators of physical and psychological components varied from 12 to 31; self-perception in the range from 10 to 27 points; microsocial support from 3 to 14 points; social well-being from 11 to 36. In general, the level of satisfaction with the quality of life was in the range of 38-83%.

Image:

Image 2:



Conclusions: Opioid addiction therapy should be consist of an assessment of physical and psychological status, comorbid disorders, quality of life, etc. We can see, MT does not significantly affect the cognitive functions. The differences in the assessment of the quality of life were noted in the components of microsocial support and social well-being, which indicates the vulnerability of patients in these areas. Duration of opioid dependence, availability of psychosocial support, presence of comorbid conditions affect the quality of life. It is important that treatment is tailored to individual needs of patients.

Disclosure of Interest: None Declared

EPP0083

Clinical features and factors related to suicidal ideation in adult patients with benzodiazepine use disorder

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Introduction: Benzodiazepine use disorder (BUD) has been associated with the presence of suicidal ideation (SI) in general population. It seems there is an overall increase in the risk of attempting suicide due to the increase of impulsivity, rebound and withdrawal of those who use benzodiazepines(1). However, this association has been scarcely studied.
Objectives: To explore the prevalence, clinical features and factors related to lifetime SI in adults with BUD.
Methods: A cross-sectional study was conducted in an outpatient center for addiction treatment between 01/01/2010 and 12/31/2021. Adult patients who met criteria for active BUD were included. Patients with language barriers, cognitive impairments and those who were participating in any clinical trial were excluded. All patients were evaluated with an ad-hoc questionnaire, EuropASI (European Addiction Severity Index), BDI (Beck Depression Inventory) and HRQoL SF-36 (Health-related quality of life according to SF-36). Univariate and bivariate analyses were performed comparing BUD patients with or without SI.
Results: 554 patients were included (65.2% males; M age 42.6 ±12.6 years). SI was reported in 57.2% of the patients. Regarding the sociodemographic variables, any type of lifetime abuse was correlated with SI (67.8%, 73.5% and 77.8% of the patients with emotional, physical and sexual abuse respectively). Considering the different psychiatric features studied, having any psychiatric diagnosis increased SI up to 64%. Depressive and cluster B personality disorders were the ones with a higher presence of SI (67.1% and 68.1% respectively). Anxiety and cluster A personality disorders had also higher proportions of SI (56.1% and 58,7% respectively). Regarding the different assessment instruments used, a higher punctuation on BDI score was seen in the group of patients with SI (23.73±12.86). The scores also showed a worse perception of the mental quality of life of those people with SI, measured by HRQoL (13.76 and 36.82±31.93 in patients with SI and no SI respectively). Considering the EuropASI, there was an increased proportion of SI in those patients with a worse familiar situation (0.44±0.30), a higher alcohol consumption (0.26±0.28) and a worse psychological condition (0.48±0.24).
Conclusions: The prevalence of SI in patients with BUD is significative and is related to several clinical factors. Those factors should be taken into account in daily clinical practice, research, and any health policies on suicide. Further research should be developed.
1. Dodds, T.J. 'Prescribed benzodiazepines and suicide risk', The Primary Care Companion For CNS Disorders 2017; 19(2).

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EPP0084

Factors Associated with Voluntary Discharge in a Hospital Detoxification Unit: An Observational and Descriptive Analysis

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Introduction: Adherence to treatment for addictive disorders remains a clinical challenge. Despite detoxification admissions being scheduled and initiated voluntarily by the patient, several factors may contribute to treatment discontinuation.[1] Understanding these factors will enable the development of specific interventions for a more effective approach.[2]
Objectives: To identify and analyze the relationship between specific clinical factors and voluntary treatment discontinuation.
Methods: An observational and descriptive study was conducted using a retrospective database of 1146 patients admitted to the "Hospital Universitari Vall d'Hebron" Detoxification Unit between June 2008 and December 2019. Bivariate analysis was conducted to identify individual associations between clinical factors and voluntary discharge. Subsequently, a multivariate analysis was performed to assess the combined influence of these factors while controlling for potential confounding variables.
Results: A total of 135 patients (11.8%) requested voluntary discharge. Significant differences were found between the voluntary discharge and non-voluntary discharge groups in patients with dual diagnosis (91.1% vs 80.9%, $p<0.0001$), specifically the presence of psychotic disorder (18.7% vs 12%, $p<0.05$) and cluster B personality disorder (66.7% vs 31%, $p<0.0001$). Significant associations were also observed with prior detoxification admissions (64.5% vs 54.1%, $p<0.05$), heroin as the main admission substance (29.6% vs 13.3%, $p<0.0001$), lifetime use of more than three substances (65.3% vs 45.3%, $p<0.0001$), and pre-admission binge-pattern substance use (72.1% vs 51.4%, $p<0.0001$). A significant relationship was found with therapeutic discharge in the diagnosis of major depressive disorder (14.6% vs. 24.8%, $p<0.05$), admission for alcohol detoxification (25.9% vs. 42.8%, $p<0.0001$), and participation in group therapy during admission (27.4% vs. 49.9%, $p<0.0001$).In the multivariate analysis, it was found that cluster B personality disorder ($p<0.0001$), heroin as the primary substance of admission ($p<0.05$), and pre-admission binge-pattern substance use ($p<0.05$) were independently related to voluntary discharge.