FACTSHEET

PUBLICATION TITLE:	**Patient Satisfaction With Standard Methadone and Flexible Buprenorphine/Naloxone Models of Care: Results From a Pragmatic Randomized Controlled Clinical Trial**
REFERENCE	Hassan, Ahmed N. MD, FRCPC, MPH; Bozinoff, Nikki MD, MSc, CCFP; Jutras-Aswad, Didier MD, MSc, FRCPC; Socias, M. Eugenia MD, MSc; Stewart, Sherry H. PhD; Lim, Ron MD, CCFP, DFASAM; Le Foll, Bernard MD, PhD, MCFP; The OPTIMA Research Group. Patient Satisfaction With Standard Methadone and Flexible Buprenorphine/Naloxone Models of Care: Results From a Pragmatic Randomized Controlled Clinical Trial. Journal of Addiction Medicine 17(1):p e49-e56, 1/2 2023. | DOI: 10.1097/ADM.0000000000001048
QUICK FACTS:	• Patients were on average, very satisfied with both flexible take-home dosing of buprenorphine/naloxone(BUP/NAL) and standard supervised doses of methadone treatment. Average scores across both groups were 28.2 outof a highest possible score of 32. • There was no statistically significant difference in satisfaction between patients receiving flexible take home dosing of BUP/NAL and patients receiving standard supervised doses of methadone in the first 24 weeks of treatment. • Flexible take-home doses of BUP/NAL received much higher patient satisfaction ratings than in previous studies where BUP/NAL was administered in daily witnessed doses (with limited access to weekly take-home doses for some participants). This provides evidence that flexible take home dosing models are superior in patient satisfaction. • Patient satisfaction scores (PSQ), were strongly related to scores on the depression symptom inventory (BDI). A decrease in depressive symptoms was a predictor of greater patient satisfaction. • Patients' reported satisfaction with their treatment was NOT linked to scores on other measures of well-being, including anxiety, withdrawal symptoms, cravings, and global sexual satisfaction.

	• Patient satisfaction was linked to retention in treatment. In other words, if patients were satisfied with their care, they were more likely to stick with it! Each 1 point increase in satisfaction equated to a 5% increase in the likelihood of
FACTSHEET AUTHOR	Brandi Dawn Abele

WHAT THE RESEARCHERS DID

Only people with prescription-type opioid use were included in the study population. Prescription type opioid use is related to opioids such as morphine, oxycodone, heroin, hydromorphone, fentanyl, and Percocet. The study is considered a “pragmatic” study, in that people with “Co-morbidities” (other medical problems), unstable lifestyles, racialized persons, were not excluded from the trial. Although some studies exclude all possible variation in participants, pragmatic studies are more applicable because the participants they include are closer to the population that doctors and treatment teams will be working with.

Certain conditions were considered “counter indications,”which means it wasn’t a good idea for them to be included in the study. These people included those who were pregnant or planning to become pregnant, people who had uncontrolled psychiatric symptoms, people who used heroin most frequently in the past month, people who had been on OAT within the past 30 days, and people who had other medical reasons like needing opioids for pain, or a history of bad reactions to either of the study medications. Patients were assigned to one of two treatment groups, one in which methadone was administered as normal (witnessed doses), and one where BUP/NAL was administered flexibly (take home doses after 2 weeks). For more information about the trial’s methodology please see the OPTIMA infographic. In their follow up visits, patients were asked to complete surveys on their depression symptoms, withdrawal symptoms, sexual satisfaction, and patient satisfaction.

This paper concerns the results of patient satisfaction scores. Of the 272 participants in the OPTIMA trial, only 183 were included in patient satisfaction analysis (because some chose to switch medication, and some did not complete all the questionnaires). Change in patient satisfaction over a 20-week follow-up period (week 4 to week 24) was measured using a standard patient satisfaction questionnaire.

Patients completed an 8 item , standard questionnaire three times- at week 4, 12, and 24. The tool used to measure satisfaction was the CSQ – Client Satisfaction Questionnaire, and it is considered to have a high level of reliability and validity when applied to patients being treated for substance use disorders. The questionnaire has 8 questions, with scores of 1-4 points associated with each question. The lowest possible score is 8 (very dissatisfied for all questions), and the highest possible score is 32 (very satisfied for all questions). Researchers also measured and compared the rate of satisfaction (i.e., how quickly people became satisfied with their treatment) and the rates of drop out or non-prescribed drug use.

WHAT THEY FOUND

On average, patients were equally satisfied with both treatments, with no significant difference in the two groups. This is surprising since in previous studies on patient satisfaction with BUP/NAL when it

was administered according to the standard methadone dosing schedule (no take home doses for three months), only 33.9% of patients reported being "satisfied" with their treatment. However, the BUP/NAL group in **this study** reported satisfaction rates equal to those receiving methadone. The overall rate of satisfaction was between 63.7%-73.6 %. It's important to contextualize these findings amongst previous studies, in comparison OPTIMA patient satisfaction scores are:

- Higher than a previous study in which BUP/NAL was administered following methadone protocols (e.g., witnessed doses, restricted access to take home doses). Patient satisfaction scores in this previous study were 33.9%.
- Slightly lower than previous studies where participants were only prescribed methadone (77-85%).

It's worth noting that studies of patient satisfaction on methadone alone are older, and changes may reflect increasing patient demands for higher standards of care, awareness of options, and the availability of care being increased across CanadaPatient satisfaction scores on the PSQ were high, on average 28.2 with 32 the highest score possible. For patients in the methadone group, satisfaction scores were positively associated with dosage in week 24 of the study, indicating patients who received a higher dose of methadone were more satisfied. Other factors associated with higher satisfaction included receiving care from specialized addiction clinics, female gender, older age, non-white ethnicity, and higher education.

Patient satisfaction was closely linked to reduction in depressive symptoms where scores on the Beck Depression Inventory were found to accurately predict change on the scores in the CSQ. In other words, patients that reported a reduction in depressive symptoms were also more likely to report higher patient satisfaction. However, changes in other clinical variables including anxiety, craving, withdrawal, and global sexual satisfaction did not predict changes in CSQ scores (patient satisfaction).

Patients who reported lower satisfaction were more likely to drop out of treatment. High satisfaction was associated with treatment retention. A single point increase in satisfaction on the raw CSQ score was predictive of a 5% increase in likelihood of sticking with their assigned treatment. The relationship between satisfaction and illicit drug use was also examined. After controlling for variables, there was no significant statistical difference in the average satisfaction scores between individuals who did not report using illicit drugs (29.1) and individuals who did report using illicit drugs (28.9) in the 2 weeks prior filling out their satisfaction scores at week 4, 12, and 24.

WHY IT MATTERS

What is the impact of these findings? How will it change what we know and do about OUD and substance use research? Few studies have previously compared the satisfaction of patients prescribed methadone with those prescribed BUP/NAL in a pragmatic, randomized, controlled trial. Prescribers may be more likely to prescribe methadone, because of a greater familiarity with this medication, and the substantial body of literature on it. In this study, both groups reported high rates of satisfaction. This result is extremely notable, as previous studies of BUP/NAL alone reported comparatively lower rates of patient satisfaction (33.9%). This may indicate that **the addition of flexible, take home dosing makes BUP/NAL a more attractive treatment option for some people.** Patient satisfaction being associated with treatment retention indicates that this should be a highly valued consideration when supporting patients with opioid use challenges seeking OAT, as treatment retention is associated with more positive outcomes.

Patients were just as satisfied with flexible, take home dosing of BUP/NAL as they were with standard methods for administration of methadone (i.e, witnessed doses). Flexible, take-home dosing can provide patients with additional opportunities to engage with various social, recreational, employment and familial activities. The close predictive association between depressive symptoms and patient satisfaction indicates the importance ensuring folks engaging with OAT are properly monitored and treated for their depression.

WHAT'S NEXT?

- [ ] Further research into patient satisfaction with OAT is needed. Few pragmatic studies of flexible, take home dosing of OAT have been done, and even fewer have been completed in a Canadian national context. Further exploration of the patient satisfaction in comparison with other types of opioid agonist treatments and safer supply models is needed. This study was done with sites across Canada, but all care providers were located in large, urban population centres. Applicability to people in smaller communities and rural settings should be examined.