

Introduction

- Overdose deaths have continued to rise to record levels in recent years, surpassing 100,000 deaths¹.
- OUD treatment is often underutilized. A recent overdose is a significant risk factor for recurrent overdose^{2,3}.
- No studies have looked at linkage of buprenorphine treatment with outpatient adherence following an overdose and the critical time period thereafter.

Objectives

- Describe buprenorphine adherence among patients discharged from the ED of LA General Medical Center after an opioid overdose event
- Identify factors associated with adherence

Methods

Study Population:

- Patients discharged from LAGMC's ED between Oct 2022 and Dec 2023

Inclusion	Exclusion
T40 (opioid poisoning) F11 (opioid-related disorders)	Admitted to hospital
Prescribed with buprenorphine	
Discharged after the ED visit	

Data Collection and Analysis:

- Analyze CURES data
- Assess time from ED visit to pharmacy fill
- Calculate PDC (proportion of days covered)
- Classify patients into primary and secondary non-adherence
- Employ descriptive statistics to report results
- Utilize t-tests to assess: mean adherence and days for first fill

Results

Figure 1. 2023 ED Opioid Overdose Patient Visits

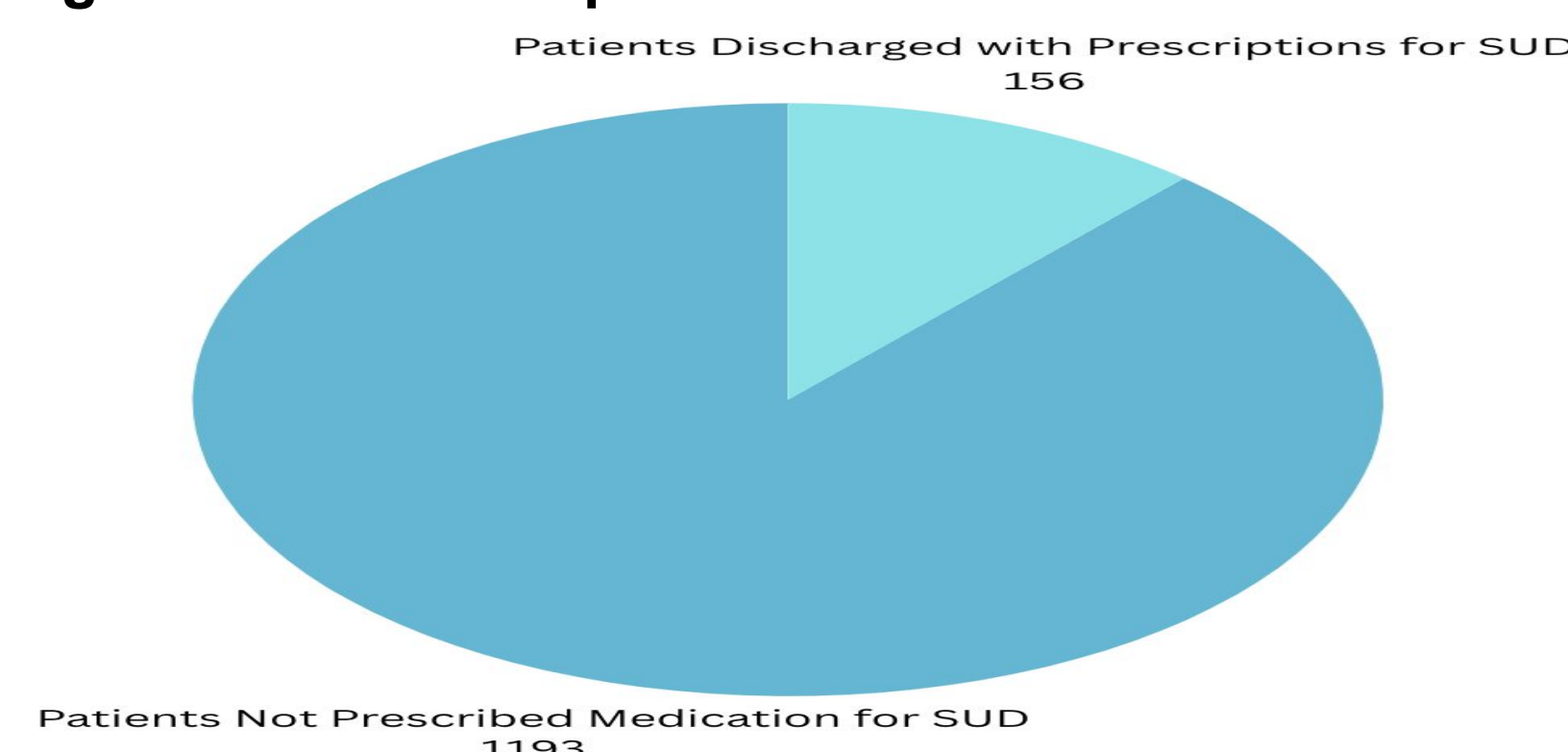


Table 1. Demographics

Sociodemographic Characteristics	N
Gender	
Men	125 (80%)
Women	31 (20%)
Age	
Teenagers (13-17)	5 (3%)
Young Adults (18-26)	24 (15%)
Early Adults (27-35)	53 (35%)
Early Middle-Aged Adults (36-44)	37 (24%)
Late Middle-Aged Adults (65 and older)	35 (23%)
Race	
Hispanic/ Latino	73 (47%)
Black/ African American	11 (7%)
White	26 (17%)
Multi-Race	3 (1%)
Other/ Unknown	43 (28%)

Figure 2. Finance Class

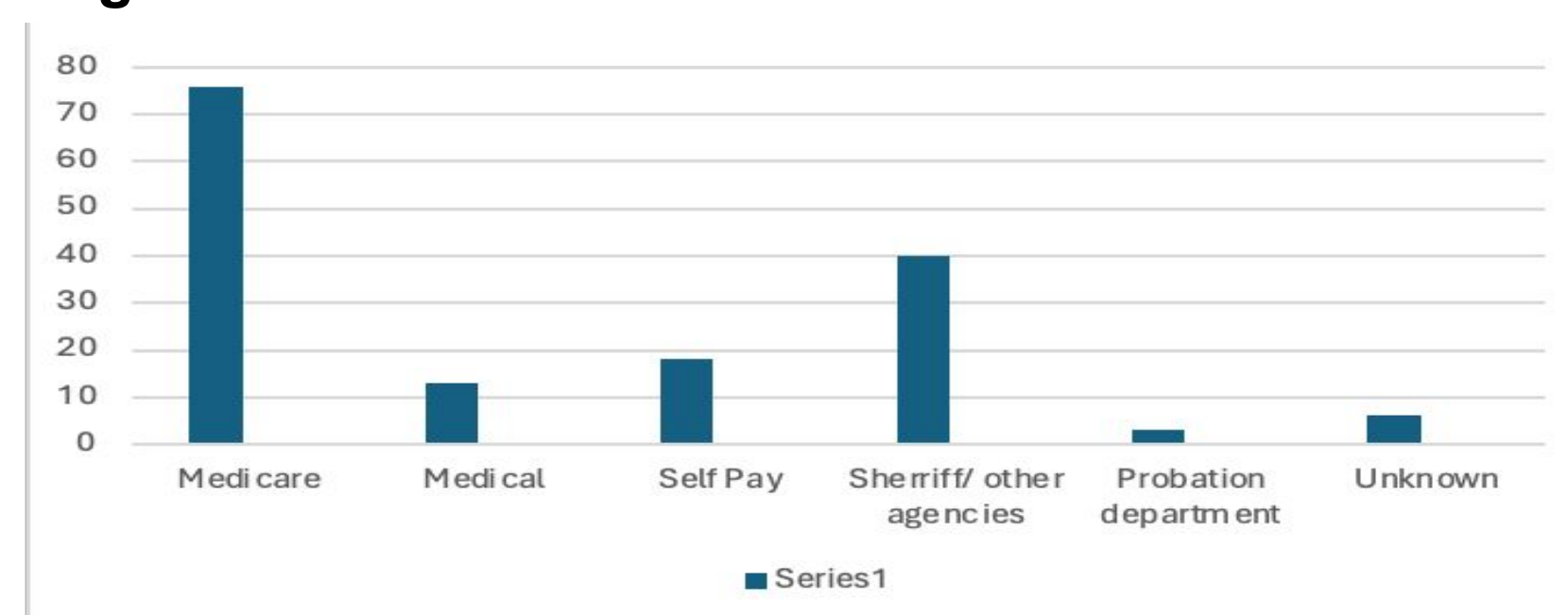


Table 2. Patient Encounter

Description	N
Total Patient Encounters	1349
Patients Prescribed Buprenorphine	156 (11.6%)
Patients with T40 Diagnosis	33 (22.0%)
Patients with F11 Diagnosis	122 (78.0%)
Patients without Subsequent ED Visit	150 (96.2%)
Patients with One Subsequent ED Visit	5 (3.2%)
Patients with Two Subsequent ED Visits	1 (0.6%)
Patients with CURES Data	70 (44.9%)
Patients with No CURES Data	86 (55.1%)
Primary Adherence (≥ 80%)	7 (4.5)
Primary Adherence (<80%)	149 (95.5%)

Table 3. Secondary Adherence

Secondary Adherence	Within 30 Days	Within 60 Days	≥ 90 Days
PDC ≥80%	44 (62.9%)	12 (17.1%)	7 (10.0%)
PDC <80%	26 (37.1%)	58 (82.9%)	63 (90.0%)

Table 4. Day(s) to Dispense

First Fill Date	Mean PDC (%)	95% CI	p-value
0-3 days from ED visit (n=47)	34.5%	0.30-0.38	0.014
>3 days from ED visit (n=23)	21.3%	0.17-0.25	

Limitations

- Single-center study: findings may not be applicable to other EDs
- Reliance on accurate ICD10 code reporting
- Failure to consider extenuating factors like incarceration, rehabilitation programs, or relocation outside California may impact study findings and conclusions
- Study not designed to assess accidental opioid ingestion from laced substances

Discussion & Conclusions

- The study highlights challenges in buprenorphine adherence post-opioid-related ED visits, emphasizing targeted interventions to improve rates.
- Patients receiving higher buprenorphine doses and filling prescriptions within 3 days of the ED visit showed significantly better adherence at 6 months (p=0.014), addressing timely treatment access.
- Strengths include real-world data from a high-overdose-rate county ED, with fentanyl as the primary street opioid.
- These findings underscore the ED's crucial role in facilitating prompt buprenorphine access, potentially enhancing adherence and long-term outcomes for opioid use disorder individuals.

References

1. Provisional drug overdose data. Centers for Disease Control and Prevention. March 13, 2024. Accessed March 14, 2024. <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>.
2. Morgan JR, Barocas JA, Murphy SM, et al. Comparison of Rates of Overdose and Hospitalization After Initiation of Medication for Opioid Use Disorder in the Inpatient vs Outpatient Setting. *JAMA Netw Open*. 2020;3(12):e2029676. Published 2020 Dec 1. doi:10.1001/jamanetworkopen.2020.29676
3. Pizzicato LN, Hom JK, Sun M, Johnson CC, Viner KM. Adherence to buprenorphine: An analysis of prescription drug monitoring program data. *Drug Alcohol Depend*. 2020;216:108317. doi:10.1016/j.drugalcdep.2020.108317

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