Parallel Latent Change Modeling of Depression and Pain to Predict Relapse During Buprenorphine and Suboxone Treatment Stanford Division of Pain Medicine Presenter: Noel A. Vest, Ph.D.

October 17, 2019



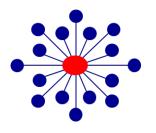
Background

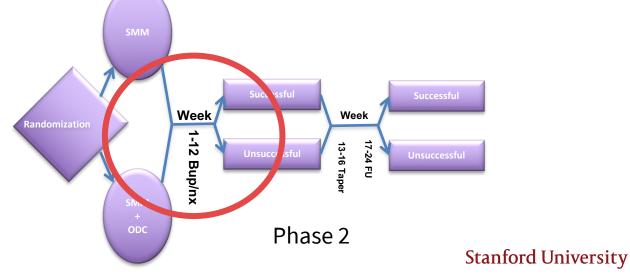
- Prescription opioid disorder is major public health issue
- Buprenorphine/naloxone treatment is a common modality
- Relapse is a strong predictor of treatment retention but very little is known about what predicts relapse
- Pain and depression have a high co-occurrence and have been shown to increase relapse rates and simultaneous modeling may offer new insights
- Prescription Opioid Addiction Treatment Study (POATS) remains only CTN to address prescription opioid use specifically
- Goal: Employ latent mixture modeling, and survival analysis to estimate the time to first opioid use (survival) predicted by multi-class latent growth trajectories

(CDC, 2012; Jan, 2012; Kolodny et al., 2015; Tuten et al., 2012; Dean et al., 2014; Potter et al., 2010)

Methods

- Clinical Trials Network (CTN-0030) POATS Study
- 359 buprenorphine + naloxone patients
- No difference between SMM and SMM + ODC groups
- Phase 2 Tx success when 3 of final 4 urinalysis were negative for prescription opioids

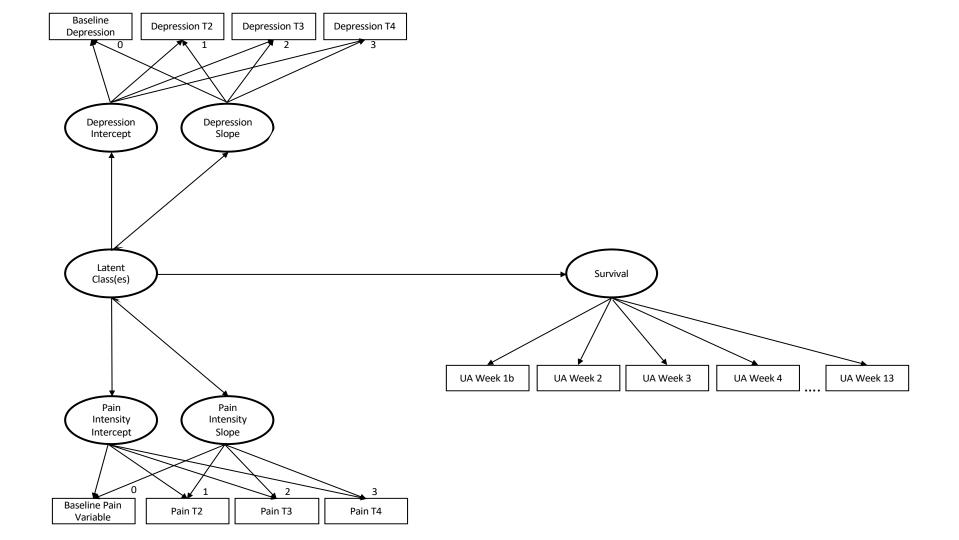




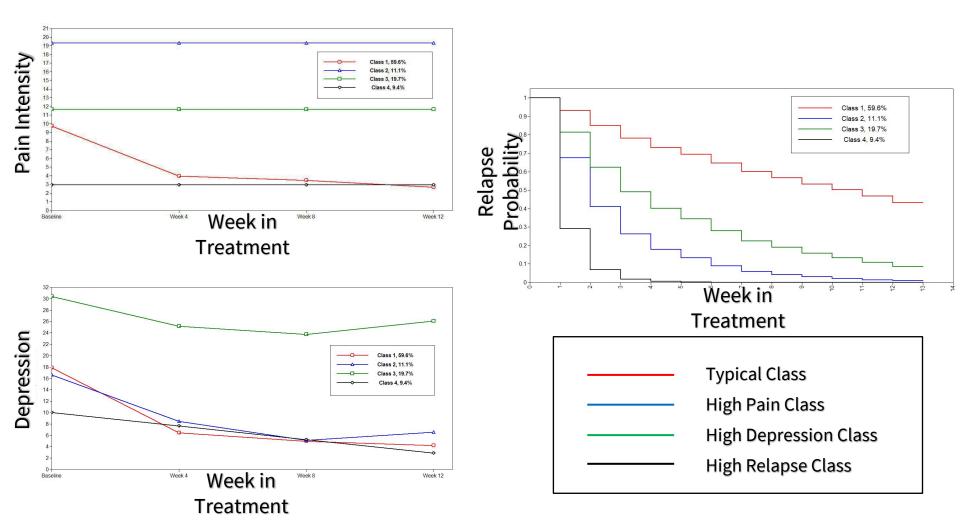
Research Design

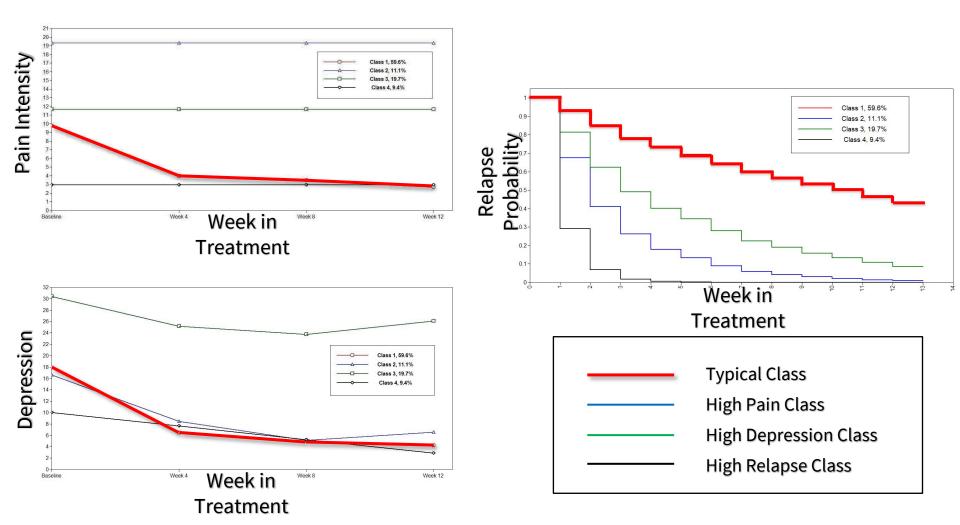
Study Variables

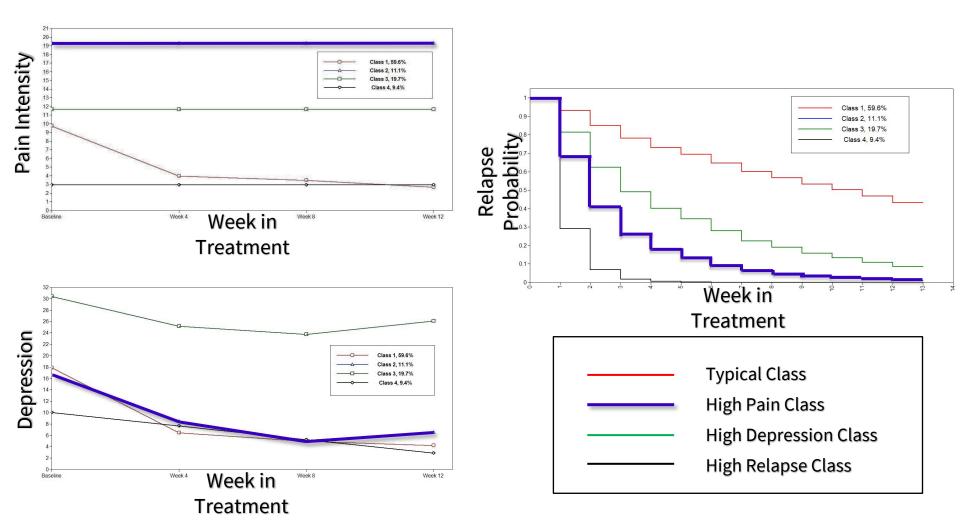
Assessment/Variable of Interest	Baseline	FV PH1	1a	1 b	2	3	4	5	6	7	8	9	1 0	11	1 2	1 3	1 4	1 5	1 6	1 7	1 8	1 9	2 0	2 1	2 2	2 3	2 4
Urine Drug Screen	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		X		X		X		X
Demographics	X																										
Brief Pain Inventory		X					X				X				X				X				X				X
Beck Depression Inventory	X	X					X				X				X				X				X				X

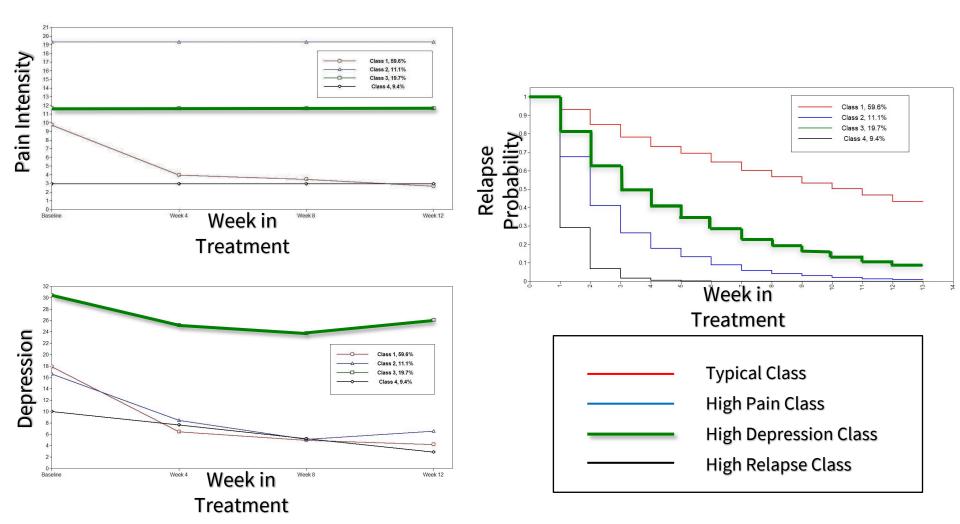


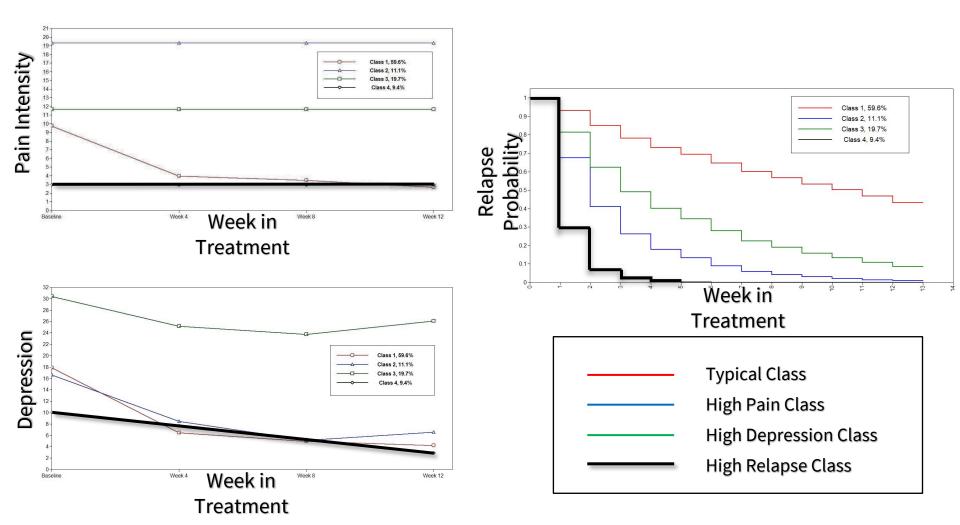
Model	AIC	BIC	ΔBIC	Class Size	Entropy	LMR LRT	Par.
1 Class	22265	22374		100%			28
2 Class	21518	21666	708	78%, 22%	0.89	753.62***	38
2 Class Revised	21518	21646	20	78%, 22%	0.90	731.71***	33
3 Class	21002	21169	477	62%, 24%, 14%	0.89	509.11**	43
3 Class Revised	21007	21159	10	62%, 23%, 15%	0.89	502.05**	39
4 Class	20795	20986	173	58%, 21%, 11%, 10%	0.90	205.07	49
4 Class Revised	20802	20976	10	58%, 21%, 11%, 10%	0.90	203.92	45
5 Class	20586	20799	177	51%, 17%, 12%, 10%, 10%	0.89	212.27	55
5 Class Revised	20606	20800	-1	57%, 18%, 11%, 9%, 5%	0.90	199.34	50
6 Class	20420	20653	147	46%, 16%, 10%, 10%, 9%, 9%	0.88	158.94	60
6 Class Revised	20440	20654	-1	48%, 13%, 10%, 10%, 10%, 9%	0.88	170.72	55
7 Class	20298	20546	208	44%, 16%, 10%, 10%, 9%, 8%, 3%	0.88	106.98	64
8 Class	20254	20530	16	41, 15, 12, 9, 9, 9, 3, 2	0.88	47.82	71
9 Class	20180	20495†	35	38, 18, 10, 8, 7, 6, 5, 4, 3	0.86	77.03	81
10 Class	20163	20517	-22	41, 11, 8, 8, 7, 6, 6, 6, 4, 2	0.87	54.72	91





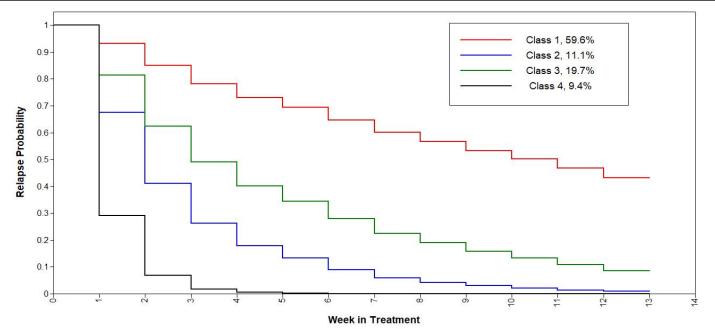






Odds Ratio of Survival (No Opioid Use).

Class Comparison	OR	Z	p
Class 1 to Class 2	0.15	-12.48	< 0.001
Class 1 to Class 3	0.32	-6.35	< 0.001
Class 1 to Class 4	0.03	-30.05	< 0.001
Class 2 to Class 3	2.11	1.08	0.277
Class 2 to Class 4	0.20	-2.96	0.003
Class 3 to Class 4	0.09	-8.14	< 0.001



Demographic	Class 1 Typical	Class 2 Chronic/High Pain	Class 3 High Depression	Class 4 High Relapse
Total Individuals in Class	214	40	71	35
Male Gender %	137 (64%)	23 (58%)	23 (33%)	25 (73%)
Age Mean (SD)	32.01 (9.46)	35.14 (9.76)	33.75 (10.34)	30.58 (8.80)
White Race %	197 (92%)	33 (83%)	65 (92%)	30 (88%)
Self-Report Chronic Pain	62 (28%)	36 (90%)	34 (48%)	6 (17%)
Self-Report Lifetime Depression	73 (34%)	13 (33%)	33 (48%)	4 (11%)
Above HS Education %	84 (39%)	30 (75%)	32 (46%)	25 (72%)
Employed Full-Time %	140 (65%)	21 (53%)	34 (49%)	22 (63%)
Ever Used Heroin %	48 (22%)	10 (25%)	22 (31%)	13 (37%)
Phase 2 Treatment Success %	127 (59%)	14 (35%)	34 (48%)	2 (6%)

Note: These data were generated for explanatory purposes only. HS = High School; Treatment success = 3 of 4 final urinalysis drug screens were negative for opioid use.

Conclusions

- Successfully modeled depression, pain, and relapse simultaneously
- Four classes were characterized on pain, depression, and opioid-free survival
- First month it is vital to monitor relapse and subsequent treatment retention
- Future research may allow timely interventions to extend time-to-first use (relapse)
- Model may be extended to other populations
 - > Other SUD treatment
 - > Criminal justice
 - > Post-surgical

Acknowledgements

- All of my work is supported by the National Institute on Drug Abuse of the National Institutes of Health under Award Number **T32DA035165**. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.
- This dissertation project represented part of the responsibilities for my Doctorate of Philosophy (PhD) awarded by the Experimental Psychology program at Washington State University - Pullman.

Acknowledgements

- Special thanks to:
 - > My Committee Chair
 - Sarah Tragesser, PhD
 - > <u>Committee Members</u>
 - Sterling McPherson, PhD
 - Craig Parks, PhD
 - Len Burns, PhD
- Keith Humphreys, PhD
- Sean Mackey, MD, PhD
- Alcohol and Drug Research Program (ADARP) at WSU for funding this project

Questions?