

# A Systematic Review of Patient and Provider Perspectives of Medications for Treatment of Opioid Use Disorder



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This systematic review was accepted for publication in the Journal of Substance Abuse Treatment (JSAT).

## Background

The opioid epidemic is a public health crisis. Medications for Opioid Use Disorder (MOUD) include: 1) buprenorphine, 2) methadone, and 3) extended-release naltrexone (XRNTX). Patient and provider perspectives of MOUD are important to investigate since these factors can influence prescription, retention, and recovery. This systematic review focuses on published manuscripts that have assessed the preferences and attitudes of MOUD by providers and/or patients. We comparatively analyzed the opinions of MOUD providers and patients to help assess the scope of attitudes and beliefs of types of MOUD for the treatment of OUD. The aim of this systematic review is to disentangle the opinions about these medications to understand how patient and provider beliefs may impact choice of MOUD and the efficacy of addiction treatment.

## Methods

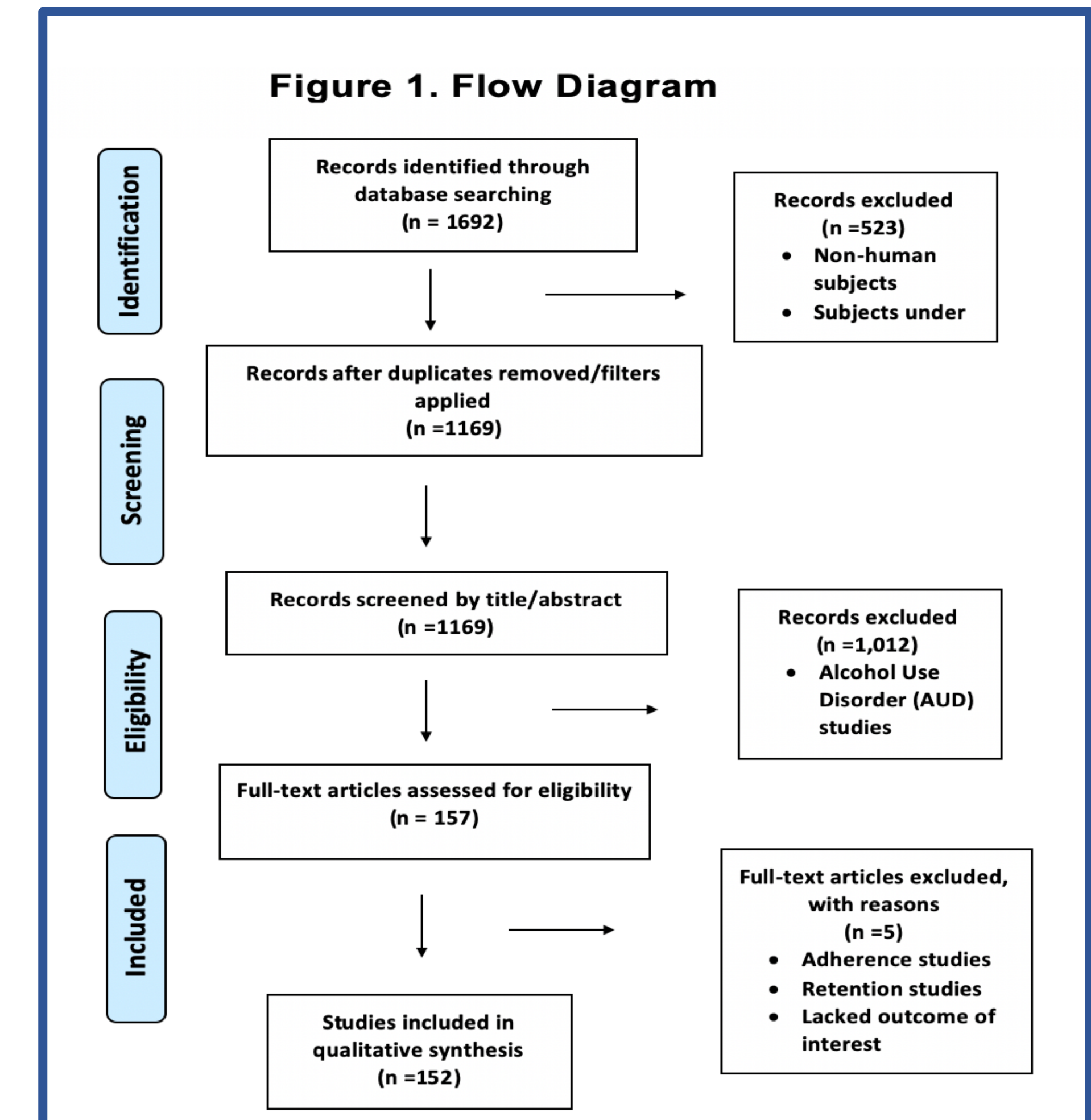
The Review eligibility criteria included: inclusion of the outcome of interest, in English, and involving persons ≥ 18 years. PubMed was searched for human research articles (studies, editorials, opinion pieces, etc.) about providers' and/or patients' attitudes and beliefs of the different pharmacotherapies associated with MOUD published in English. The population studied in this review included: 1) patients with a diagnosis of OUD, opioid dependence, or patients eligible for MOUD and 2) providers, including physicians, nurses, PAs, community health workers, Substance Use Disorder (SUD) counselors, and prison staff involved in care of patients with OUD. The phenomenon of interest studied is attitudes and beliefs of patients and providers about MOUD. The time frame included papers from 1940 to December 4, 2019, the day the search was conducted.

## Results

Study designs included: qualitative analyses (N=62), cross sectional analyses (N=58), opinion pieces (N=11), randomized control trials (N=7), case studies (N=2), narrative review (N=1), systematic reviews (N=2), a review article (N=1), and cohort studies (N=10). There were 63 articles about buprenorphine, 115 articles about methadone, and 16 about naltrexone.

Belief	Perspective	Number of papers
Methadone is associated with negative social stigma	Patient and Provider	Total Papers: 38 Patient: 24 Provider: 14
Methadone is bad for your health	Patient	28
Methadone is challenging to stop using due to fear of withdrawal	Patient	19
A lack of resources (institutional, educational, and financial) as a barrier to care for prescribing buprenorphine	Provider	17
Buprenorphine treatment as a decision against methadone	Patient	16
Patients needing to be substance-free prior to administering naltrexone is a barrier to care	Provider	3
Buprenorphine/naloxone tastes bad	Patient	3
Diversion is a problem associated with prescribing buprenorphine/naloxone	Provider	5
Buprenorphine/naloxone increases the quality of life for patients	Patient	9
Methadone helps patients make positive changes in their lives	Patient and Provider	10

Figure 1. Flow Diagram



## Discussion

This review suggests that there exists significant misinformation regarding MOUD from patients. Misinformation and stigma associated with MOUD were common patient themes. Providers reported lack of training and resources as barriers to MOUD. Due to the severity of the opioid epidemic, it is essential that we consider the effects of patient and provider perspectives on treatment for OUD, including the effects on the type of MOUD prescribed, patient retention and adherence, and ultimately the number treated for OUD that will aid in curbing the opioid epidemic.

## Acknowledgements

This study was supported through funding by the Frank H. Netter School of Medicine at Quinnipiac University Scholarly Reflection & Concentration program for author K.C. and the National Institute of Drug Abuse (NIDA) for author SS (K02DA032322).

For references:

