

Introduction

Comorbid substance use disorders and mental health conditions (SUD-MH) is associated with poorer treatment completion¹. It has been previously suggested that treating opioid use disorder (OUD) with psychopharmacology, such as opioid agonist therapy (OAT), may reduce the impact that SUD-MH has on treatment retention². However, recent studies of OAT are unclear regarding whether a comorbid mental health diagnosis has a significant association with treatment retention^{3,4}. Due to the high prevalence of comorbid mental health diagnoses among people with OUD, it is important to understand their impact on treatment outcomes.

Aim

To conduct a systematic review of the association between mental health conditions and retention in buprenorphine and methadone among people with OUD.

Methods

Relevant buprenorphine studies were identified through a recent systematic review⁵. The same search strategy was used to identify new relevant buprenorphine studies.

To identify relevant methadone studies, a similar search strategy was used.

- CENTRAL, EMBASE, PubMed and PsycINFO searched
- Search strategy included terms of methadone, OUD and study types

Inclusion criteria consisted of people undergoing either form of OAT reporting on retention outcome by presence of mental health conditions or symptoms.

Results

From a potential 11,184 studies, 169 studies were included (Figure 1). The majority of the included studies require additional data from authors.

Only 24 cohorts had reported retention data stratified by mental health comorbidity or symptoms. These cohorts comprised of 34,077 individuals with 18 being from the United States. There were slightly more studies reporting on buprenorphine only retention (54%). Table 1 denote number of studies for each mental health group of interest for this review.

Conclusion

This systematic review aimed to synthesis global evidence and evaluate the influence of mental health comorbidity on treatment retention for the first time. However, there is a lack of studies that measure mental health comorbidities among people with OUD undergoing OAT. This highlights the need of studies to measure and report the impact of mental health comorbidities on treatment outcomes, particularly by specific mental health conditions.

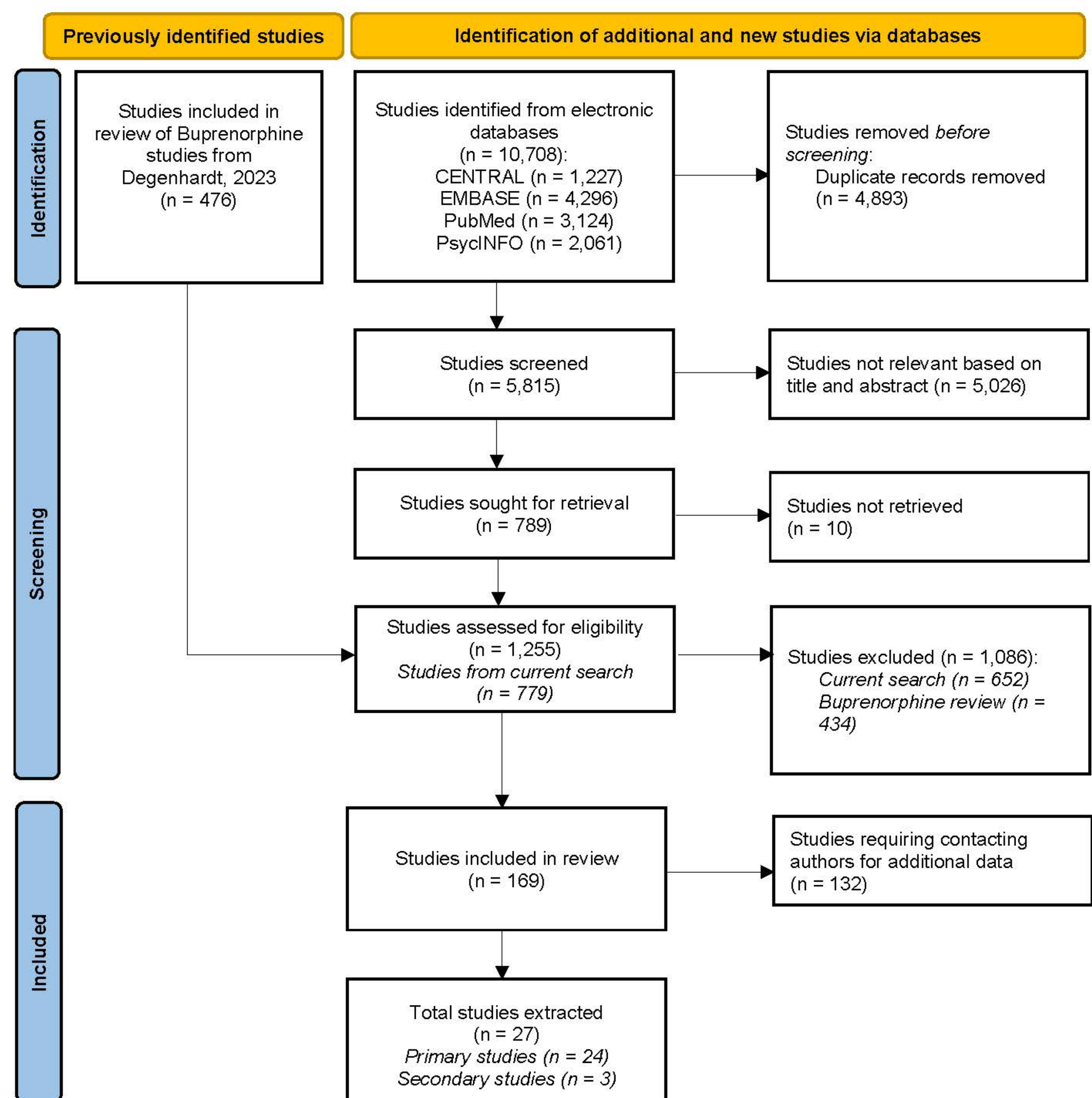


Figure 1. PRISMA flowchart of included studies

	Any MH	Any mood	Depression	Bipolar	Any Anxiety	SAD	GAD	Panic	PTSD	Any psychotic	Schizophrenia	Psychosis	ADHD	PD
1 month	3	-	3	3	3	-	-	-	1	-	3	-	1	1
3 month	2	-	3	-	1	-	-	-	-	-	1	1	-	-
6 month	2	-	-	-	-	-	-	-	1	-	-	-	-	-
12 month	9	-	3	2	2	-	1	-	4	2	2	-	2	4
Other	3	-	3	-	2	-	-	-	2	-	1	1	1	4

Table 1. Number of extractable cohorts reporting on each retention outcome by mental health condition group. Note: SAD – social anxiety disorder; GAD – generalised anxiety disorder; Panic – panic disorder; PTSD – post-traumatic stress disorder; ADHD – attention deficit /hyperactivity disorder; PD – personality disorder

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