A BUPRENORPHINE SUBSTITUTION PROGRAMME: PATIENT CHARACTERISTICS AND EXPECTED NEEDS

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INTRODUCTION

Buprenorphine represents a safe and effective therapy for treating opioid dependence. The combination of buprenorphine with BZD is generally not recommended ^{1,2}. Some studies identify that the prolonged use and misuse of BZD can cause a range of harms to health, especially among high-risk opioid users^{3,4}. The misuse of BZD by opioid users is also associated with higher risk behaviors and drug-related harms, such as using high doses of drugs, needle sharing, and intoxication-related accidents ^{5,6}. Opioid users who misuse BZD experience a high level of physical and psychological health, including a higher risk of human immunodeficiency virus (HIV) infection, psychopathology (anxiety and depression), poorer treatment outcomes and poorer social functioning ⁷⁻¹⁰. Schuman-Olivier and collaborators identify that BZD prescription among patients on buprenorphine was associated with more frequent emergency department visits and accidental injuries¹¹.

OBJECTIVES

This study aims to describe the sociodemographic, clinical and psychiatric characteristics attending a public buprenorphine substitution programme at Agualva-Cacém, Portugal.

METHODS

We conducted a cross-sectional study involving 65 patients treated in the public buprenorphine substitution programme of Agualva-Cacém, Portugal.

RESULTS

Main sociodemographic characteristics	Variable Categories	N (%)
Age	Mean	47
	Min-Max	30-64
Gender	Male	63 (96.9%)
	Female	2 (3.1%)
Civil Status	Not Married	36 (54.4%)
	Married	29 (44.6%)
Educational Level	≤ 9 years	41 (64.1%)
	> 9 years	23 (35.9%)
Parental Status	No	30 (46.2%)
	Yes	35 (53.8%)
Professional Status	Not Employed	27 (41.5%)
	Employed/Retired	38 (58.5%)
Legal Issues	No	24 (36.9%)
	Yes	41 (63.1%)
Convicted to Prison Sentence	No	30 (73.2%)

Table 1. Main sociodemographic characteristics

Clinical Outcomes	Variable Categories	N (%)
Prevalence infectious diseases	Hepatitis C	40 (61.5%)
	Hepatitis B	8 (12.3%)
	HIV	8 (12.3%)
	No diseases	23 (35.4%)
History of Overdose	Yes	14 (21.5%)
	No	51 (78.5%)
Substances related with Overdose	Heroin	10 (83.3%)
	Cocaine	2 (16.7%)
	BZD	1 (8.3%)
	Mixed	1 (7.5%)
Other drugs consumption in the last 30 days	Alcohol	41 (63.1%)
	Cocaine	10 (15.4%)
	Heroin	7 (10.8%)
	Cannabinoids	20 (30.8%)
High rate of psychiatric symptoms in the last 30 days	Depressed	42 (64.6%)
	Suicidal thoughts	3 (4.6%)
	Anxiety	44 (67.7%)
	Irritability and Anger	19 (29.2%)

Was considered a high rate of psychiatric symptoms when answered “always/very often/sometimes”

Table 2. Clinical and Psychiatric characteristics

CONCLUSION

Our results suggest that this population has a low sociodemographic background and a high prevalence of psychiatric symptoms. We identify as critical necessities a multidisciplinary approach with a focus on infectious diseases and mental health to enhance the treatment effectivity and overall prognosis.

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