Retention in Opioid Agonist Therapy among People Living with HIV in British Columbia

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BACKGROUND

The illicit drug toxicity crisis in British Columbia (BC) has reduced the survival gains among people living with HIV (PLWH) achieved by antiretroviral therapy (ART). We examined opioid agonist therapy (OAT) uptake and correlates of retention in OAT among a cohort of PLWH over a 21-year observation period.

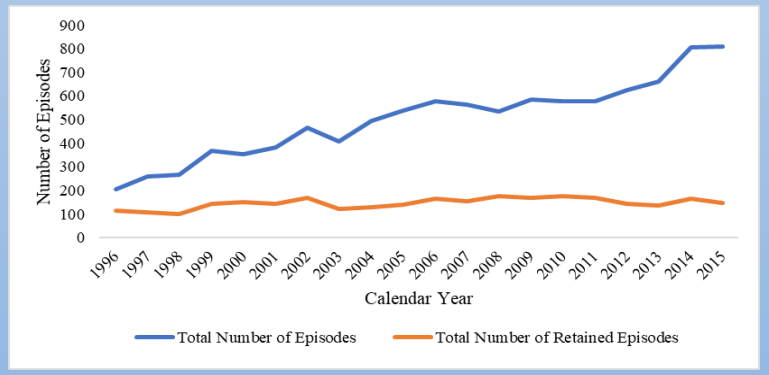
METHODS

We analyzed data from the Seek and Treat for Optimal Prevention of HIV/AIDS (STOP HIV/AIDS) database between April 1996 and March 2017. PLWH with known gender, aged ≥19 years old, with ≥12 months of follow-up, and at least one OAT dispensation during the study period were included. OAT treatment episodes with no interruptions in the prescribed doses lasting ≥ 3 days for methadone (the first line of treatment in BC until July 2017), or ≥ 6 days for buprenorphine/naloxone (introduced to BC in 2008) were constructed. Retention in treatment was calculated as no interruption in the prescribed doses for ≥12 months. We examined annual trends in retention. Correlates of retention were modeled using generalized estimating equation methods.

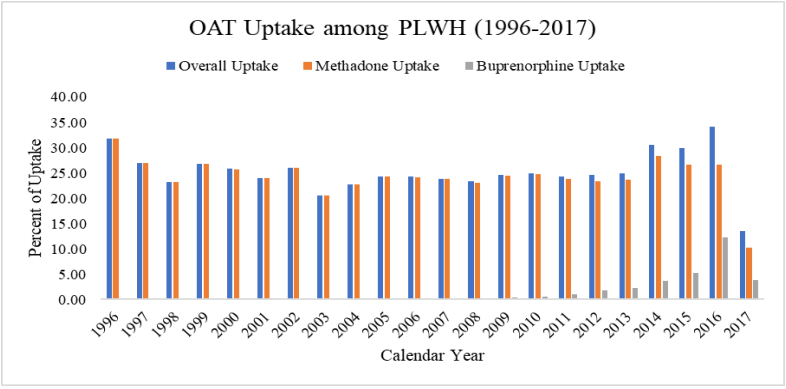
RESULTS

Among 13,433 PLWH in the cohort, 2,151 (16.0%) had at least one OAT dispensation. The median age of the sample was 37 years (Q1, Q3: 31, 43) and 60.1% (n=1,293) were male. Among the sample, 96.5% (n=2,075) received methadone as their first-ever OAT and 3.5% (n=76) received buprenorphine/naloxone.

Retention in OAT among PLWH has declined by 1.34 units per year (p<0.0001)



Therapeutic Dose: In the overall sample, during the first OAT episode, 42.9% (n=923) reached the therapeutic dose (≥ 60 mg for methadone [n=904], ≥ 12 mg for Buprenorphine/Naloxone [n=19]). The median time to therapeutic dose across all treatment episodes during the study period was 16 days (Q1, Q3: 7, 51) and 15.5 days (Q1, Q3: 4, 71) for methadone and buprenorphine/naloxone, respectively.



Correlates of 12-month Retention: Following variables were associated with increased odds of retention: increase in age (per 10 years) OR=1.35 (1.24, 1.46), previous history of retention OR=1.38 (1.14, 1.67), achieving the therapeutic dose OR=3.54 (3.23, 3.88). Buprenorphine/naloxone was associated with decreased odds of retention OR=0.35 (0.27, 0.44), compared to methadone. For each one-year increase in the total number of days on previous OAT treatment episodes during the study period, there was a 0.98 (0.97, 1.00) decreased odds of retention.

CONCLUSIONS

We found a decline in OAT retention among PLWH. Optimal management of opioid use disorder among PLWH aimed at maximized retention and reaching a therapeutic dose is necessary to improve adherence and reduce adverse health outcomes.

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