

# Disparities in Medication for Opioid Use Disorder Initiation and Discontinuation During Trauma Hospitalization



BOSTON TRAUMA

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## BACKGROUND

- Patients with opioid use disorder (OUD) are more susceptible to traumatic injuries, with OUD present in approximately 1% of operative trauma cases
- Inpatient admission is an opportunity to engage those with OUD and initiate addiction treatment including medications for opioid use disorder (MOUD) such as methadone or buprenorphine-naloxone
- Engagement with addiction consult services and initiation of MOUD prior to discharge has demonstrated improved outcomes among hospitalized patients with OUD
- Prior studies have identified the presence of racial disparities in MOUD initiation in the outpatient setting but these disparities have not been well explored in hospitalized patients

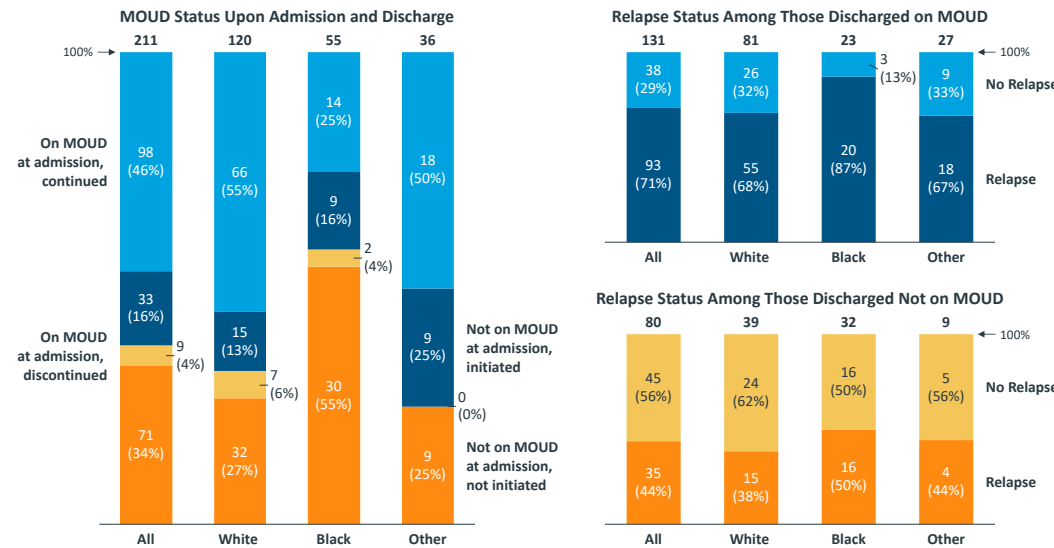
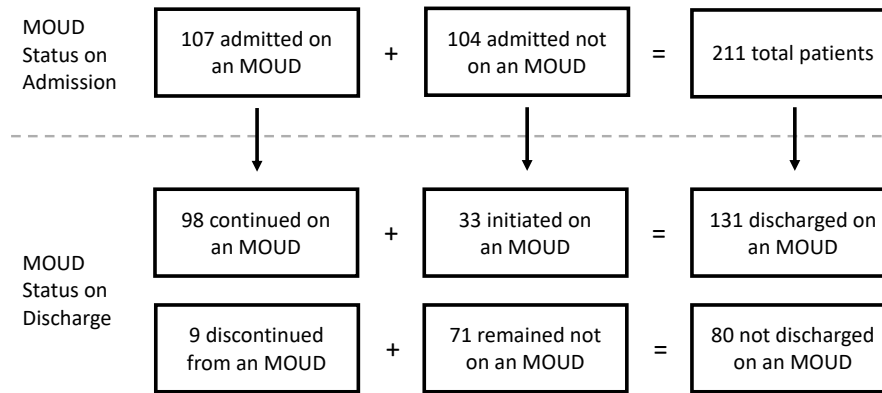
## OBJECTIVES

1. Determine the presence of racial disparities in MOUD status at admission among hospitalized operative trauma patients
2. Examine the likelihood of MOUD initiation, continuation, and discontinuation during hospitalization, comparing patterns across racial groups
3. Compare one-year post-discharge relapse rates by race among those discharged on an MOUD versus those not discharged on an MOUD

## METHODS

- Retrospective cohort study identified patients with documented OUD admitted to the trauma surgery service at Boston Medical Center from 1/1/2017–12/31/2022
- Patients were stratified by one-year post-discharge relapse status, with relapse defined as any non-prescribed (illegal and/or non-prescribed prescription) opioid use
- MOUD status at admission as well as initiation, continuation, or discontinuation of MOUD prior to discharge were characterized
- Last use of non-prescribed opioids prior to hospitalization (either less than or greater than 12 months) was used as a proxy to measure OUD as being active or in sustained remission

## RESULTS



Discharge Status, n (%)	Relapse Status at One Year	Pre-Admission Last Non-Prescribed Opioid Use		
		<12 months	≥12 months	Unknown
Discharged on an MOUD, n=131	Relapse	93 (71%)	74 (80%)	11 (12%)
	No Relapse	38 (29%)	12 (32%)	21 (55%)
Not Discharged on an MOUD, n=80	Relapse	35 (44%)	27 (77%)	3 (9%)
	No Relapse	45 (56%)	10 (22%)	31 (69%)

## CONCLUSIONS

- At admission, 61% of White patients compared to 29% of Black patients were already taking an MOUD
- At discharge, 27% of White patients compared to 55% of Black patients were not initiated on an MOUD during hospitalization
- One-year relapse rates were higher among those discharged on an MOUD compared to those not discharged on an MOUD among all racial groups
- This is likely due to those being discharged on an MOUD being a higher risk group compared to those not discharged on an MOUD, rather than MOUD not being an effective treatment for OUD
- Last use of non-prescribed opioid use prior to hospitalization demonstrates the disparate nature of these groups
  - Among those discharged on an MOUD, 71% relapsed, and 80% of this group had last used a non-prescribed opioid in under 12 months prior to admission, suggesting most of this group had an active OUD
  - Among those discharged not on an MOUD, 56% did not relapse, and 69% of this group had last used a non-prescribed opioid greater than 12 months prior to admission, suggesting most of this group was in sustained remission
- Black patients were more likely to relapse compared to any other racial group regardless of MOUD status at discharge
- Relapse rates among all non-Black patients were similar regardless of MOUD status at discharge
- The stark difference in the number of Black versus White patients being discharged not on an MOUD highlights a disparity that has already been identified in the outpatient setting
- There is a large opportunity to promote initiation and continued maintenance of MOUD in all patients regardless of race, but especially among Black patients who are already less likely to be admitted on an MOUD prior to hospitalization

## CONTACT